


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 276882</b> 1. Entity Name ABC DISTRIBUTING, INC.	
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Principal Place of Business 14445 NE 20 LANE NO MIAMI, FL 33181	Mailing Address 2121 PONCE DE LEON BLVD SUITE 1100 MIAMI, FL 33134
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**DO NOT WRITE IN THIS SPACE**



07092008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1027564</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LEIBOWITZ, MARTIN  
 2121 PONCE DE LEON BLVD  
 SUITE 1100  
 MIAMI, FL 33134

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEIBOWITZ, LAWRENCE 11410 N.BAYSHORE DR. N.MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEIBOWITZ, MARVIN 11410 N BAYSHORE DR N MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NUNEZ, MIKE 2531 DELAGO DRIVE FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #