

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 476850

**Entity Name:** JOJAK DISTRIBUTORS, INC.

**Current Principal Place of Business:**

3001 W HALLANDALE BCH. BLVD.  
SUITE 300  
HALLANDALE, FL 33009

**Current Mailing Address:**

3001 W HALLANDALE BCH. BLVD.  
SUITE 300  
HALLANDALE, FL 33009 US

**FEI Number:** 59-1607098

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TAVONE, JOHN  
3001 W HALLANDALE BCH. BLVD.  
SUITE 300  
HALLANDALE, FL 33009 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PDS  
Name TAVONE, JOHN  
Address 3001 W HALLANDALE BCH. BLVD.  
#300  
City-State-Zip: HALLANDALE FL 33009

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN TAVONE

**PRES**

**07/21/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date