

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000053452

**FILED  
Mar 20, 2015  
Secretary of State  
CC5993359592**

**Entity Name:** SLOANE DISTRIBUTION CORP

**Current Principal Place of Business:**

22850 CHELSEA WOOD CT  
BOCA RATON, FL 33433

**Current Mailing Address:**

22850 CHELSEA WOOD CT  
BOCA RATON, FL 33433

**FEI Number:** 45-2541371

**Certificate of Status Desired:** No

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

WEXLER, BRANDON  
22850 CHELSEA WOOD CT  
BOCA RATON, FL 33433 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 P  
Name WEXLER, BRANDON  
Address 22850 CHELSEA WOOD CT  
City-State-Zip: BOCA RATON FL 33433

Title VP  
Name WEXLER, LESLIE  
Address 6101 BLUEGRASS DR  
City-State-Zip: BOYNTON BEACH FL 33437

Title VP  
Name GORDON, WILLIAM  
Address 6185 BAY ISLES DR  
City-State-Zip: BOYNTON BEACH FL 33437

Title VP  
Name KRAVITZ, DAVID  
Address 10207 LEXINGTON LAKES BLVD.  
City-State-Zip: BOYNTON BEACH FL 33436

*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:** BRANDON WEXLER

**PRESIDENT**

**03/20/2015**

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

\_\_\_\_\_  
Date