

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 276882**

1. Entity Name  
ABC DISTRIBUTING, INC.



Principal Place of Business  
14445 NE 20 LANE  
NO MIAMI, FL 33181

Mailing Address  
14445 NE 20 LANE  
NO MIAMI, FL 33181



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

LEIBOWITZ, MARVIN  
14445 NE 20TH LANE  
NORTH MIAMI, FL 33181

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                      |
|----------------|----------------------|
| TITLE          | D                    |
| NAME           | LEIBOWITZ, LAWRENCE  |
| STREET ADDRESS | 11410 N.BAYSHORE DR. |
| CITY- ST- ZIP  | N.MIAMI, FL          |

|                |                     |
|----------------|---------------------|
| TITLE          | PD                  |
| NAME           | LEIBOWITZ, MARVIN   |
| STREET ADDRESS | 11410 N BAYSHORE DR |
| CITY- ST- ZIP  | N MIAMI, FL         |

|                |                         |
|----------------|-------------------------|
| TITLE          | SD                      |
| NAME           | NUNEZ, MIKE             |
| STREET ADDRESS | 2531 DELAGO DRIVE       |
| CITY- ST- ZIP  | FT LAUDERDALE, FL 33316 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

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02/18/05-80027-013 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

1/28/05 305948.1284  
Date Daytime Phone #