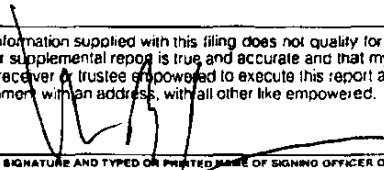


FILED
Jul 19, 2007 8:00 am
Secretary of State

07-05-2007 90061 016 ***500.00

07-19-2007 90022 048 ****50.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2121 Ponce De Leon Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1100	
City & State		City & State Coral Gables, Florida	
Zip	Country	Zip	Country
		33134	USA
4. FEI Number 59-1027564		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEIBOWITZ, MARVIN 14445 NE 20TH LANE NORTH MIAMI, FL 33181		Name Marvin Leibowitz	
		Street Address (P.O. Box Number is Not Acceptable) 2121 Ponce De Leon Blvd., #1100	
		City Coral Gables FL Zip Code 33134	
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 \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LEIBOWITZ, LAWRENCE 11410 N. BAYSHORE DR. N. MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LEIBOWITZ, MARVIN 11410 N BAYSHORE DR N MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD NUNEZ, MIKE 2531 DELAGO DRIVE FT LAUDERDALE, FL 33316 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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: 		6/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	