2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L79625

FILED Apr 24, 2008 Secretary of State

Entity Name: SOUTH FLORIDA CORE DISTRIBUTORS, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
2030 SW 7	1 TERR		2000 SW 71 TERR		
C-6 DAVIE, FL	33317		B-10 DAVIE, FL 33317		
Current M	ailing Addre	ss:	New Mailing Addre	ess:	
2030 SW 7	1 TERR		2000 SW 71 TERR		
C-6 DAVIE, FL	33317		B-10 DAVIE, FL 33317		
El Number:	: 65-0217238	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	s of New Registered Agent:	
3500 PASA	R, WILLIAM, N ADENA BLVD				
3500 PASA PEMBROK The above n the State	ADENA BLVD (E PINES, FL named entity e of Florida.	33024 US	urpose of changing its registe	red office or registered agent, or both,	
3500 PASA PEMBROK The above	ADENA BLVD KE PINES, FL named entity of Florida. RE:	33024 US		red office or registered agent, or both, Date	
8500 PASA PEMBROK The above In the State	ADENA BLVD KE PINES, FL named entity e of Florida. RE: Electro	33024 US submits this statement for the p			
3500 PASA PEMBROK The above In the State SIGNATUR	ADENA BLVD KE PINES, FL named entity e of Florida. RE: Electro	33024 US submits this statement for the p nic Signature of Registered Age ng Trust Fund Contribution ().	nt		
3500 PASA PEMBROK The above In the State SIGNATUR	ADENA BLVD (E PINES, FL named entity e of Florida. RE: Electro mpaign Financir S AND DIRECT	33024 US submits this statement for the p nic Signature of Registered Age ng Trust Fund Contribution (). CTORS:) Delete PILLIAM, M, ENA BLVD	nt	Date	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM M. LOWTHER PRES 04/24/2008