


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000073197 1. Entity Name SOFAR DISTRIBUTORS, INC.	
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Principal Place of Business 1650 ART MUSEUM DR JACKSONVILLE, FL 32207	Mailing Address 1650 ART MUSEUM DR JACKSONVILLE, FL 32207
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3756224	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KELLY, TIMOTHY P PA 1016 LASALLE ST. JACKSONVILLE, FL 32207
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**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 _____ (NOTE: Registered Agent signature required upon registration) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

00000069361
03/01/04-80029-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARAH, FRED SR 3447 BEAUCLERC RD. JACKSONVILLE, FL 32251
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOLOMON, RAYMOND 6923 ALMOURS DR. JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4/15/07 904-306-9898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone