

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000158237

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: REFRESHMENT DISTRIBUTORS INC.

## Current Principal Place of Business:

4800 NW 8 TERR  
OAKLAND PARK, FL 33309

## New Principal Place of Business:

9134 NW 32 MANOR  
SUNRISE, FL 33351

## Current Mailing Address:

4800 NW 8 TERR  
OAKLAND PARK, FL 33309

## New Mailing Address:

9134 NW 32 MANOR  
SUNRISE, FL 33351

FEI Number: 30-0222014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEAVITT, ALBERT J  
4800 NW 8 TERR  
OAKLAND PARK, FL 33309 US

## Name and Address of New Registered Agent:

LEAVITT, ALBERT J  
9134 NW 32 MANOR  
SUNRISE, FL 33351 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:

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEAVITT, ALBERT J  
Address: 4800 NW 8 TERR  
City-St-Zip: OAKLAND PARK, FL 33309

Title: V ( ) Delete  
Name: MODY, MEENA  
Address: 4800 NW 8 TERR  
City-St-Zip: OAKLAND PARK, FL 33309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEAVITT, ALBERT J  
Address: 9134 NW 32 MANOR  
City-St-Zip: SUNRISE, FL 33351

Title: V (X) Change ( ) Addition  
Name: LEAVITT, CHRISTINA  
Address: 9134 NW 32 MANOR  
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALBERT J LEAVITT

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date