

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108580

Entity Name: SONY & SABINA DISTRIBUTION INC.

FILED  
Jun 14, 2005  
Secretary of State

## Current Principal Place of Business:

5255 NORTH DIXIE HIGHWAY  
A-2  
FORT LAUDERDALE, FL 33334 US

## New Principal Place of Business:

## Current Mailing Address:

5255 NORTH DIXIE HIGHWAY  
A-2  
FORT LAUDERDALE, FL 33334 US

## New Mailing Address:

FEI Number: 20-1396555      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AZFAR, BADAR  
5255 NORTH DIXIE HWY  
A-2  
FORT LAUDERDALE, FL 33334 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AZFAR, BADAR  
Address: 5255 N. DIXIE HIGHWAY # A-2  
City-St-Zip: FT LAUDERDALE, FL 33334 US

Title: VP ( ) Delete  
Name: AKHTAR, SAUD  
Address: 5255 N. DIXIE HWY # A-2  
City-St-Zip: FT LAUDERDALE, FL 33334 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: AZFAR, BADAR  
Address: 5255 N. DIXIE HIGHWAY # A-2  
City-St-Zip: FT LAUDERDALE, FL 33334 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BADAR AZFAR

Electronic Signature of Signing Officer or Director

PSTD

06/14/2005

Date