2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P04000157070

Entity Name: BBCW DISTRIBUTORS, INC.

Current Principal Place of Business:

3292 NORTH 29TH COURT
HOLLYWOOD, FL 33020

New Principal Place of Business:

3911 SW 47TH AVE
SUITE 905
DAVIE, FL 33314

Current Mailing Address:

10490 SOUTH LAKE VISTA CIRCLE
DAVIE, FL 33328

New Mailing Address:

3911 SW 47TH AVE
SUITE 905
DAVIE, FL 33314

FEI Number: 86-1118052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOZANO-STICKLEY, ANA M
10490 SOUTH LAKE VISTA CIRCLE
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

LOZANO-STICKLEY, ANA M
3911 SW47TH AVENUE
SUITE 905
DAVIE, FL 33314 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: ANA M. LOZANO STICKLEY 04/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: STICKLEY, DANIEL
Address: 10490 SOUTH LAKE VISTA CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: VP ( ) Delete
Name: LOZANO-STICKLEY, ANA M
Address: 10490 SOUTH LAKE VISTA CIRCLE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: STICKLEY, DANIEL
Address: 3911 SW 47TH AVE, SUITE 905
City-St-Zip: DAVIE, FL 33314

Title: VP (X) Change ( ) Addition
Name: LOZANO-STICKLEY, ANA M
Address: 3911 SW 47TH AVE, SUITE 905
City-St-Zip: DAVIE, FL 33314

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: ANA M. LOZANO-STICKLEY VP 04/23/2009
Electronic Signature of Signing Officer or Director Date