

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000053339

**FILED**  
**Mar 18, 2009**  
**Secretary of State**

**Entity Name:** BDF MASTER DISTRIBUTORS INC.

**Current Principal Place of Business:**

2700 N. 29 AVE.  
STE. 301  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

1504 BAY RD  
2911  
MIAMI, FL 33139

**Current Mailing Address:**

2700 N. 29 AVE.  
STE. 301  
HOLLYWOOD, FL 33020

**New Mailing Address:**

1504 BAY RD  
2911  
MIAMI, FL 33139

**FEI Number:** 20-4720382

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BABICKA, JONATHAN  
1504 BAY RD., APT 2911  
MIAMI BEACH, FL 33139 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BABICKA, JONATHAN  
Address: 1504 BAY RD APT. 2911  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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:** JONATHAN BABICKA

P

03/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date