


**FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # **906000098427**
1. Entity Name
Sabu Distributors Inc.



FILED
11 JUN -1 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #
15421 SW 288th St.
Suite, Apt. #, etc. **12**

3. Mailing Address
15421 SW 288th St.
Suite, Apt. #, etc. **12**

CR2E034B (1/11)

City & State
Homestead, FL

City & State
Homestead, FL

Zip **33033** Country

Zip **33033** Country

4. FEI Number **113787070**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name **ZAMAN KHAN**

Street Address (P.O. Box Number is Not Acceptable)
15421 SW 288th St., Ste 12

City **Homestead** FL Zip Code **33033**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

E-mail Address: **best6x1040@yahoo.com**
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Zaman Khan
STREET ADDRESS	15421 SW 288th St., Ste 12
CITY-ST-ZIP	Homestead, FL 33033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: **Zaman Khan** DATE: **5/19/11** Daytime Phone #: **786-277-2551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR