

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000119438

Entity Name: BRADFORD TONIC, INC.

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3606 SOUTH OCEAN BLVD  
SUITE 604  
HIGHLAND BEACH, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

3606 SOUTH OCEAN BLVD  
SUITE 604  
HIGHLAND BEACH, FL 33487 US

**New Mailing Address:**

FEI Number: 20-5582934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BECKERMAN, BRADFORD S DPST  
3606 SOUTH OCEAN BLVD  
SUITE 604  
HIGHLAND BEACH, FL 33487 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

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: BECKERMAN, BRADFORD S DPST  
Address: PO BOX 6700  
City-St-Zip: DELRAY BEACH, FL 33482 US

Title: PRES  
Name: BECKERMAN, ARTHUR M PRES  
Address: PO BOX 6700  
City-St-Zip: DELRAY BEACH, FL 33482 US

Title: SEC  
Name: BECKERMAN, ARTHUR M SEC  
Address: PO BOX 6700  
City-St-Zip: DELRAY BEACH, FL 33482 US

Title: DPST  
Name: BECKERMAN, ARTHUR M DPST  
Address: PO BOX 6700  
City-St-Zip: DELRAY BEACH, FL 33482 US

I hereby 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 all other like empowered.

SIGNATURE: ARTHUR M BECKERMAN

DPST

03/18/2011

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

\_\_\_\_\_  
Date