


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90018 012 ***158.75

DOCUMENT # P07000025062					
1. Entity Name TBCL DISTRIBUTORS INC.					
Principal Place of Business 1906 CORNER GLEN AVENUE ORLANDO, FL 32820			Mailing Address 1906 CORNER GLEN AVENUE ORLANDO, FL 32820		
2. Principal Place of Business - No P.O. Box # <i>1689 SW 107 AVENUE</i>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Miami FL</i>		City & State			
Zip <i>33165</i>		Country <i>USA</i>		4. FEI Number <i>26-1252616</i>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MOHAMMED, CARL J 19065 CORNER GLEN AVENUE ORLANDO, FL 32820			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSTAPHA, OMAR #7 6TH STREET BARATARIA, TRINIDAD, W.I., XX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Mustapha, Omar 626 Lochsmere Lane Orlando, FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSTAPHA, KHABEER #7 6TH STREET BARATARIA, TRINIDAD, W.I., XX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Mustapha, Khabeer 626 Lochsmere Lane Orlando, FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSTAPHA, FARIDA #7 6TH STREET BARATARIA, TRINIDAD, W.I., XX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Mustapha, Farida 626 Lochsmere Lane Orlando, FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSTAPHA, SALMA #7 6TH STREET BARATARIA, TRINIDAD, W.I., XX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mustapha, Salma 626 Lochsmere Lane Orlando, FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <i>KHABEER MUSTAPHA</i> <i>1/16/08</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40012565

