

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000025062

Entity Name: TBCL DISTRIBUTORS INC.

FILED  
Apr 29, 2011  
Secretary of State

**Current Principal Place of Business:**

1869 SW 107 AVENUE  
MIAMI, FL 32165

**New Principal Place of Business:**

12226 CORPORATE BLVD  
#166  
ORLANDO, FL 32817

**Current Mailing Address:**

1906 CORNER GLEN AVENUE  
ORLANDO, FL 32820

**New Mailing Address:**

626 LOCHSMERE LN  
ORLANDO, FL 32817

FEI Number: 26-1252616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOHAMMED, CARL J  
19065 CORNER GLEN AVENUE  
ORLANDO, FL 32820 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: PD  
Name: MUSTAPHA, OMAR  
Address: 626 LOCHSMERE LANE  
City-St-Zip: ORLANDO, FL 32828 XX

Title: VPD  
Name: MUSTAPHA, KHABEER  
Address: 626 LOCHSMERE LANE  
City-St-Zip: ORLANDO, FL 32828 XX

Title: STD  
Name: MUSTAPHA, FARIDA  
Address: 626 LOCHSMERE LANE  
City-St-Zip: ORLANDO, FL 32828 XX

Title: D  
Name: MUSTAPHA, SALMA  
Address: 626 LOCHSMERE LANE  
City-St-Zip: ORLANDO, FL 32828 XX

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: KHABEER MUSTAPHA

VP

04/29/2011

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

\_\_\_\_\_ Date