

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000091585

FILED
Apr 30, 2008
Secretary of State

Entity Name: SAM SELTZER'S DISTRIBUTION, INC.

Current Principal Place of Business:

4744 NORTH DALE MABRY
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4744 NORTH DALE MABRY
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3493225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLIDAY, RONALD ESQ
PIPER RUDNICK, LLP
101 E KENNEDY BLVD, SUITE 2000
TAMPA, FL 336025149 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: DP () Delete
Name: SELTZER, MICHAEL
Address: 4744 NORTH DALE MABRY
City-St-Zip: TAMPA, FL 33614

Title: DVP () Delete
Name: BLOOM, HYMAN
Address: 4770 KENT AVE STE 100
City-St-Zip: MONTREAL, QC H3W 1H2 CA

Title: DS () Delete
Name: DUBROVSKY, RICHARD
Address: 4770 KENT AVE STE 214
City-St-Zip: MONTREAL, QC H3W 1H2 CA

Title: AS () Delete
Name: COX, KEN
Address: 4744 N DALE MABRY
City-St-Zip: TAMPA, FL 33614

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BLOOM, HYMAN
Address: 4770 KENT AVE STE 100
City-St-Zip: MONTREAL, QC H3W 1H2 CA

Title: DVP (X) Change () Addition
Name: MCGRATH, ALEXANDER S
Address: 200 STATE STREET
City-St-Zip: BOSTON, MA 02109 US

Title: AS (X) Change () Addition
Name: KAHLIN, SALLY A
Address: 4744 N DALE MABRY
City-St-Zip: TAMPA, FL 33614

Title: S () Change (X) Addition
Name: MOUNTFORD, JOHN
Address: 4744 N DALE MABRY
City-St-Zip: TAMPA, FL 33614

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: MICHAEL SELTZER

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date