

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V34310

FILED
Mar 17, 2011
Secretary of State

Entity Name: H.A.F. DISTRIBUTORS, INC.

Current Principal Place of Business:

1440 MAIN STREET
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1838
SARASOTA, FL 342301838 US

New Mailing Address:

FEI Number: 65-0342292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIBERTORE, DOUGLAS S
1440 MAIN STREET
SARASOTA, FL 34236 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: P
Name: LIBERTORE, D. SCOTT
Address: 1440 MAIN STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: S
Name: SPIEGEL, STEVEN
Address: 1440 MAIN STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: T
Name: BACEK, DAVID
Address: 1440 MAIN STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: D
Name: LIBERTORE, DOUGLAS S
Address: 1440 MAIN STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: D
Name: LIBERTORE, D. SCOTT
Address: 1440 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

Title: COB
Name: LIBERTORE, DOUGLAS S
Address: 1440 MAIN STREET
City-St-Zip: SARASOTA, FL 34236 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: STEVEN SPIEGEL

S

03/17/2011

Electronic Signature of Signing Officer or Director

Date