

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000137166

**Entity Name:** B & A DISTRIBUTORS, INC.

**Current Principal Place of Business:**

ATTN: BULENT EKSIIOGLU  
1485 SW ARAGON AVE.  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

ATTN: BULENT EKSIIOGLU  
1485 SW ARAGON AVE.  
PORT ST. LUCIE, FL 34953

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

EKSIIOGLU, BULENT  
1485 S W ARAGON AVE  
PORT ST LUCIE, FL 34953 US

*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

**Officer/Director Detail :**

Title D  
Name EKSIIOGLU, BULENT  
Address 1485 SW ARAGON AVE  
City-State-Zip: PORT ST LUCIE FL 34953

*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:** BULENT EKSIIOGLU

D

02/14/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date