

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000052597

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC2688608729**

**Entity Name:** SOMIK DISTRIBUTORS COMPANY

**Current Principal Place of Business:**

15851 SICILY TERRACE  
WELLINGTON, FL 33414

**Current Mailing Address:**

15851 SICILY TERRACE  
WELLINGTON, FL 33414 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
3030 N. ROCKY POINT DR., STE. 150A  
TAMPA, FL 33607 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:** DAN KEEN

04/15/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name SCHWARTZMAN, SOPHIA  
Address 15851 SICILY TERRACE  
City-State-Zip: WELLINGTON FL 33414

Title DIR  
Name LEVIN, MIKHAIL  
Address 15851 SICILY TERRACE  
City-State-Zip: WELLINGTON FL 33414

Title P, S  
Name LEVIN, MIKHAIL  
Address 15851 SICILY TERRACE  
City-State-Zip: WELLINGTON FL 33414

Title VP  
Name SCHWARTZMAN, SOPHIA  
Address 15851 SICILY TERRACE  
City-State-Zip: WELLINGTON FL 33414

Title T  
Name LEVIN, MIKHAIL  
Address 15851 SICILY TERRACE  
City-State-Zip: WELLINGTON FL 33414

*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:** MIKHAIL LEVIN

**PRESIDENT**

04/15/2016

Electronic Signature of Signing Officer/Director Detail

Date