## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S35966

1. Entity Name

BAY "A"

SIGNATURE.

10.

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

NAME

TITLE

NAME

TITLE

ZIAME

TITLE

NAME

CITY-ST-ZIP

CiTY-ST-ZiP+ TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

DRUCKMAN, GERRY 19595 NE 10TH AVE

8. The above named entit

N. MIAMI BEACH, FL 33179

40014875

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90082 026 ***150.00

INTERNATIONAL TECHNOLOGY DISTRIBUTORS, INC. Principal Place of Business Mailing Address 19595 NE 10TH AVE 19595 NE 10TH AVE BAY "A" BAY "A" N. MIAMI BEACH, FL 33179 N. MIAMI BEACH, FL 33179 US 2. Principal Place of Business 3. Mailing Address 4020 NW 14020 NW Suite, Apt. #, etc. Suite, Apt. #, etc. Cjty & State City & State

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

1595 NE 10 Ny "a"	TH AVE	19595 NE 10TH AVE Bay "a"								
	CH, FL 33179 US	N. MIAMI BEACH, FL 33179 US		 	I IMBI EIIIB ETIIT CIIIT TII	[] <b>                                     </b>	KEP KUUT			
Principal Pla	ace of Business 82 <sup>md</sup> Ave	3. Mailing Address 14020 NW 8279 AVE		<u>-</u>						
Suite, Apt. #, etc. Suite, Apt. #, etc.				01312005	Chg-P	CR2E034 (1	0/03)	,		
City & State WIAHI LAKES FL MIAHILA			S	1	4. FEI Number 65-0312179			Applied For Not Applicable		
330	9/6 Country U.S.A	O-S-A	5. Certificate	5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name and Address of Current R	egistered Agent		7. Name and	Address of New I	Registered Agen	t			
	N, GERRY IOTH AVE			Iress (P.O. Box Numb		е)				
MIAMI BEACH, FL 33179 14020				O NW	89 जब	Ave	_			
				YIAHI L		FL		2/6		
	named entity submits this statement for ons of registered agen.	the purpose of changing its reg	istered office or re	egistered agent, or bo	th, in the State of F	lorida. I am famili	ar with, a	and accept		
GNATURE_	Signature, typed or prighted name of registered agent ar	nd title if applicable. (NOTE: Ref	gistared Agent signature	required when reinstating)	-	DATE				
FILE NOW!! FEE 18.\$150.00 9. Election Campaign Financing \$5.00 May Be										
After Ma	y 1, 2005 Fee will be \$550.0			Added to Fees						
) <u>.                                    </u>	OFFICERS AND I	DIRECTORS	11.	ADDITIONS.	CHANGES TO OF	FICERS AND DIR	ECTORS	IN 11		
tE.	PD	☐ Delete	TITLE				Change	☐ Addition		
ME	DRUCKMAN, JERRY		NAME							
REET ADORESS	2411 NE 196TH STREET		STREET ADDRESS							
IY-ST-ZIP	NO MIAMI BCH, FL		CITY-ST-ZIP							
LE .	DS	☐ Delete	TITLE				Change	☐ Addition		
ME	DRUCKMAN, YEHUDITH		NAME					-		
reet address fy-st-zip	2411 NE 196TH STREET		STREET ADDRESS CITY-ST-ZIP			_				
	-NO MIAMI BCH, FL									
LE		☐ Delete	TITLE			Ц	Change	☐ Addition		
me Reet address			NAME Street adoress							
TY-ST-ZIP			CITY-ST-ZIP							
LE .		Delete	TITLE				Change	Addition		
ME		☐ Delete	NAME				Change			
REET ADDRESS			STREET ADDRESS							
TY-ST-ZIP			CITY-ST-ZIP							
ILE * · . ·		☐ Delete	TITLE			П	Change	Addition		
ME -	· . •	0000	NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		٥				
REET ADDRESS			STREET ADDRESS							
TY-ST-ZIP	*	:	STY-ST-ZIP > - "							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachme with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Change

☐ Addition