

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90082 026 ***150.00

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01312005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0312179 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DOCUMENT # S35966
 1. Entity Name
 INTERNATIONAL TECHNOLOGY DISTRIBUTORS, INC.



Principal Place of Business 19595 NE 10TH AVE BAY "A" N. MIAMI BEACH, FL 33179 US
 Mailing Address 19595 NE 10TH AVE BAY "A" N. MIAMI BEACH, FL 33179 US

2. Principal Place of Business 14020 NW 82nd Ave Suite, Apt. #, etc.
 3. Mailing Address 14020 NW 82nd Ave Suite, Apt. #, etc.

City & State MIAMI LAKES FL MIAMI LAKES FL

Zip 33016 Country U.S.A. Zip 33016 Country U.S.A.

6. Name and Address of Current Registered Agent
 DRUCKMAN, GERRY
 19595 NE 10TH AVE
 BAY "A"
 N. MIAMI BEACH, FL 33179

7. Name and Address of New Registered Agent
 Name DRUCKMANN JERRY
 Street Address (P.O. Box Number is Not Acceptable) 201 14020 NW 82nd Ave
 City MIAMI LAKES FL Zip Code 33016

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DRUCKMAN, JERRY		NAME	
STREET ADDRESS 2411 NE 196TH STREET		STREET ADDRESS	
CITY-ST-ZIP NO MIAMI BCH, FL		CITY-ST-ZIP	
TITLE DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DRUCKMAN, YEHUDITH		NAME	
STREET ADDRESS 2411 NE 196TH STREET		STREET ADDRESS	
CITY-ST-ZIP NO MIAMI BCH, FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #