


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90002 019 ****61.25

DOCUMENT # N04000010652					
1. Entity Name JAZZTORIAN, INC.					
Principal Place of Business 108 EAST PLYMOUTH STREET TAMPA, FL 33603			Mailing Address 108 EAST PLYMOUTH STREET TAMPA, FL 33603		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1876070	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BILAL, ROSE N 108 EAST PLYMOUTH STREET TAMPA, FL 33603			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME MOSS, VERTYLE		<input type="checkbox"/> Delete		
STREET ADDRESS 2565 ENDSLEY ROAD	CITY-ST-ZIP BROOKSVILLE, FL 34609		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME CAMPBELL, AILEEN		<input type="checkbox"/> Delete		
STREET ADDRESS 5871 N.W. 14TH PLACE	CITY-ST-ZIP SUNRISE, FL 33323		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SEC.	NAME SINCLAIR, PEGGY		<input type="checkbox"/> Delete		
STREET ADDRESS 319 BAILEY STREET	CITY-ST-ZIP SAFETY HARBOUR, FL 34695		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TRS.	NAME WILLIAMS, PATRICIA		<input type="checkbox"/> Delete		
STREET ADDRESS 109 EAST PLYMOUTH STREET	CITY-ST-ZIP TAMPA, FL 33603		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: <i>Vertyle Moss</i>			7/26/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		