


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N04000010652 1. Entity Name JAZZTORIAN, INC.	
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Principal Place of Business 111 EAST PLYMOUTH STREET TAMPA, FL 33603	Mailing Address 111 EAST PLYMOUTH STREET TAMPA, FL 33603
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**DO NOT WRITE IN THIS SPACE**



05062008 No Chg-NP CR2E037 (4/08)

4. FEI Number 20-1876070	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BILAL, ROSE N 111 EAST PLYMOUTH STREET TAMPA, FL 33603
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**DO NOT WRITE IN THIS SPACE**

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) DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by September 12, 2008**

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

U00000950906  
06/04/08-80010-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSS, VERTYLE 2565 ENDSLEY ROAD BROOKSVILLE, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPBELL, AILEEN 5871 N.W. 14TH PLACE SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. SINCLAIR, PEGGY 319 BAILEY STREET SAFETY HARBOUR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRS. WILLIAMS, PATRICIA 109 EAST PLYMOUTH STREET TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Rose N. Bilal ROSE N. BILAL 5/16/08 813-221-3088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #