

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032831

**FILED**  
**Jan 19, 2006**  
**Secretary of State**

**Entity Name:** JITZA IMPORTS AND DISTRIBUTORS, INC.

**Current Principal Place of Business:**

969 NW 126 CT  
MIAMI, FL 33182

**New Principal Place of Business:**

8826 DICKENS AVE.  
SURFSIDE, FL 33154

**Current Mailing Address:**

969 NW 126 CT  
MIAMI, FL 33182

**New Mailing Address:**

8826 DICKENS AVE.  
SURFSIDE, FL 33154

**FEI Number:** 65-0995769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BALDRICHIE, JITZA  
367 S.REDLAND ROAD  
FLORIDA CITY, FL 33034 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSVT ( ) Delete  
Name: BALDRICHIE, JITZA  
Address: 969 NW 126 CT  
City-St-Zip: MIAMI, FL 33182

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSVT (X) Change ( ) Addition  
Name: BALDRICHIE, JITZA  
Address: 8826 DICKENS AVE.  
City-St-Zip: SURFSIDE, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JITZA BALDRICHE

PSVT

01/19/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date