

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000000720

1. Entity Name
J.R. PRODUCTION & DISTRIBUTION INTERNATIONAL INC.



Principal Place of Business Mailing Address

**999 BRICKELL BAY DR
 1908
 MIAMI, FL 33131**

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 1908
 MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE

02162006 No Chg-P CRZE034 (11/06)

4. FEI Number Applied For
01-0580195 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSSI, JORGE
 999 BRICKELL BAY DRIVE
 APT. 1908
 MIAMI, FL 33131**

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSSI, JORGE 999 BRICKELL BAY DR. APT. 1908 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSSI, PAOLA 999 BRICKELL BAY DR. APT. 1908 MIAMI, FL 33131
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 03/17/06-80051-006 150.00

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 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: *Jorge Rossi* **0225-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #