

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000083917

1. Entity Name
I.H.J. DISTRIBUTORS, INC.



Principal Place of Business
10722 SW 190 ST., UNIT 31
MIAMI, FL 33157

Mailing Address
10722 SW 190 ST., UNIT 31
MIAMI, FL 33157

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 970974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, Florida

Zip

Country

33197

Country

USA

4. FEI Number
20-2984807

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, IDA HASHIA
10722 SW 190 ST., UNIT 31
MIAMI, FL 33157

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD JOHNSON, IDA HASHIA 10722 SW 190 ST., UNIT 31 MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ida H. Johnson, President 02/21/07

Date

Daytime Phone #

60024945



02212007 Chg-P CR2E034 (12/06)

03-19-2007 90089 007 ***158.75

FILED
Mar 19, 2007 8:00 am
Secretary of State