

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000077934

Entity Name: IJN DISTRIBUTION, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

2950 NE 190TH STREET
#305
AVENTURA, FL 33180 US

Current Mailing Address:

2950 NE 190TH STREET
#305
AVENTURA, FL 33180 US

FEI Number: 20-5038561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARPE, GERALD CEO
2950 NE 190TH STREET
#305
AVENTURA, FL 33180 US

New Principal Place of Business:

724 NE 4TH STREET
#9
HALLANDALE, FL 33009 US

New Mailing Address:

724 NE 4TH STREET
#9
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

SHARPE, GERALD CEO
724 NE 4TH STREET
#9
HALLANDALE, FL 33009 US

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: GERALD SHARPE

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SHARPE, GERALD
Address: 2950 NE 190TH STREET, #305
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: SHARPE, GERALD
Address: 724 NE 4TH STREET #9
City-St-Zip: HALLANDALE, FL 33009 US

I hereby certify that the information supplied with this filing does not qualify 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: GERALD SHARPE

CEO

04/30/2009

Electronic Signature of Signing Officer or Director

Date