


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90026 030 ***150.00

DOCUMENT # P06000132276	
1. Entity Name IT IZ WHAT IT IZ INC	

Principal Place of Business 16660 SOUTH POST ROAD 301 WESTON, FL 33331	Mailing Address 16660 SOUTH POST ROAD 301 WESTON, FL 33331
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	Country	City & State Zip	Country
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6. Name and Address of Current Registered Agent KHAN, SHAZAD 587 LAKESIDE CIRCLE SUNRISE, FL 33326	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	DATE

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEER, AFZAL 16660 SOUTH POST ROAD #301 WESTON, FL 33331 <input type="checkbox"/> Delete

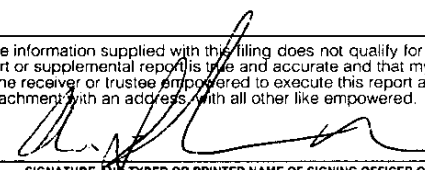
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KHAN, SHAZAD 587 LAKESIDE CIRCLE SUNRISE, FL 33326 <input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16100 SOUTH POST RD. #101 WESTON, FL. 33331

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: 	AFZAL SHEER PRESIDENT 1/24/07 904 328 9455

40008045



01232007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5712186	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KHAN, SHAZAD 587 LAKESIDE CIRCLE SUNRISE, FL 33326		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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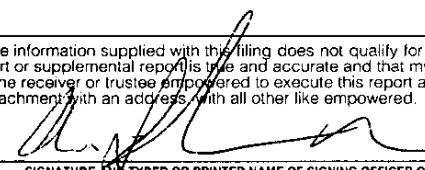
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