

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000031506

1. Entity Name
INTEGRATED DISTRIBUTION SYSTEMS, INC.



Principal Place of Business
7101 NW 32 AVENUE
MIAMI, FL 33147

Mailing Address
7101 NW 32 AVENUE
MIAMI, FL 33147

DO NOT WRITE IN THIS SPACE



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3780786 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSEN, JAY
7101 NW 32 AVENUE
MIAMI, FL 33147

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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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROSEN, JAY
STREET ADDRESS	7101 NW 32 AVENUE
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	VP
NAME	GAMBINO, THOMAS
STREET ADDRESS	125 PENNSYLVANIA AVE.
CITY-ST-ZIP	KEARNY, NJ 07032
TITLE	S/T
NAME	GAMBINO, JOSEPH
STREET ADDRESS	125 PENNSYLVANIA AVE.
CITY-ST-ZIP	KEARNY, NJ 07032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000519359
05/02/06-80050-016 150.00

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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 1 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

4/14/06 30583633