


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90273 002 \*\*\*\*50.00

|   |   |  |  |  |   |
|---|---|--|--|--|---|
| <b>DOCUMENT # L03000024670</b><br>1. Entity Name<br><b>JOMA DISTRIBUTIONS, L.L.C.</b>   |   |  |  |   |   |
| Principal Place of Business<br><b>1904 ASPEN LANE<br/>WESTON, FL 33327</b>  |   |  | Mailing Address<br><b>1904 ASPEN LANE<br/>WESTON, FL 33327</b> |  |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |  |    |   |
| City & State  |   | City & State   |  | 03022004    Chg-LLC    CR2E083 (10/03)   |   |
| Zip   |   | Country  |  | 4. FEI Number<br><b>56-2375360</b>   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$5.00 Additional Fee Required                               |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>GLORIA, MATILDE<br/>1904 ASPEN LANE<br/>WESTON, FL 33327</b>   |   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>   |   |  |  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |   | <b>Make check payable to<br/>Florida Department of State</b> |  |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>                                   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>GLORIA, MATILDE<br>1904 ASPEN LANE<br>WESTON, FL 33327      | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>APRAEZ, JOSE ANTONIO<br>1904 ASPEN LANE<br>WESTON, FL 33327 | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |  |  |  |   |
| <b>SIGNATURE:</b> <i>Matilde Gloria Matilde Gloria</i>  |   |  |  | Date <b>954-217-9563</b>   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  |  | <small>Date                      Daytime Phone #</small>   |   |