06/29/2005 18:40 786-549-4622 DANIEL HURT

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Secretary of State
07-05-2005 90003 035 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000024670

1. Entity Name
JOMA DISTRIBUTIONS, L.L.C.

20061216

Principal Place of Business	Mailing Address
1904 ASPEN LANE WESTON, FL 33327	1904 ASPEN LANE WESTON, FL 33327

06292005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
7200 Radice Court	7200 Radice Court
Suite, Apt #, etc. 803	Suite, Apt #, etc. 803
City & State Lauderhill, FL	City & State Lauderhill, FL
Zip 33319 Country	Zip 33319 Country

4. FEI Number 56-2375380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GLORIA, MATILDE
1904 ASPEN LANE
WESTON, FL 33327

7. Name and Address of New Registered Agent

Name: Gloria, Matilde
Street Address (P.O. Box Number is Not Acceptable): 7200 Radice Court, # 803
City: Lauderhill FL Zip Code 33319

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] Matilde Gloria 6-29-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLORIA, MATILDE 1904 ASPEN LANE WESTON, FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gloria, Matilde 7200 Radice Court, # 803 Lauderhill, FL 33319	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM APRAEZ, JOSE ANTIONIO 1904 ASPEN LANE WESTON, FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Apraez, Jose Antonio 7200 Radice Court, # 803 Lauderhill, FL 33319	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: [signature] Matilde Gloria 6-29-2005 954-486-1759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #