

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012365

Entity Name: JAR DISTRIBUTING, LLC

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

10755 SOUTHWEST 190TH STREET, BAY 71
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

10755 SOUTHWEST 190TH STREET, BAY 71
MIAMI, FL 33157

New Mailing Address:

FEI Number: 20-0740625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: RIVERA, JOSEPH A
Address: 10755 SOUTHWEST 190TH STREET, BAY 71
City-St-Zip: MIAMI, FL 33157

Title: MGR () Delete
Name: GRANDE, FRANCISCO A
Address: 10755 SOUTHWEST 190TH STREET, BAY 71
City-St-Zip: MIAMI, FL 33157

Title: ST (X) Delete
Name: RIVERA, JOSEPH A
Address: 10755 SOUTHWEST 190TH STREET, BAY 71
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FRANCISCO A. GRANDE

MGR

04/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date