


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90465 027 \*\*\*\*50.00

DOCUMENT # L06000009222					
1. Entity Name JEMS BEVERAGES DISTRIBUTORS, LLC					
Principal Place of Business 5791 PLUNKETT STREET BAY, #10 HOLLYWOOD, FL 33023			Mailing Address 5791 PLUNKETT STREET BAY, #10 HOLLYWOOD, FL 33023		
2. Principal Place of Business - No P.O. Box # 2608 Oak Park Circle		3. Mailing Address 2608 Oak Park Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Davie FL		City & State Davie FLORIDA		4. FEI Number 20-4195346	
Zip 33328		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DOS SANTOS, EDSON 2608 OAK PARK CIRCLE DAVIE, FL 33328		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOS SANTOS, EDSON 2608 OAK PARK CIRCLE DAVIE, FL 33328	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOS SANTOS, EDSON 2608 OAK PARK CIRCLE DAVIE, FL 33328	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. 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 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: <u>Edson dos Santos</u> 3/12/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					