2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107382

Entity Name: J.A.C. DISTRIBUTOR, LLC

FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10505 NW 37TH TERRACE 10505 NW 37TH TERRACE

MIAMI, FL 33178 DORAL, FL 33178

Current Mailing Address: New Mailing Address:

10505 NW 37TH TERRACE 10505 NW 37TH TERRACE

MIAMI, FL 33178 DORAL, FL 33178

FEI Number: 20-5869427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CASTRO, ALESSANDRA
10505 NW 37TH TERRACE
MIAMI, FL 33178 US

CASTRO, ALESSANDRA
10505 NW 37TH TERRACE
DORAL, FL 33178 US

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: ALESSANDRA CASTRO 01/12/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: P () Delete Title: MANM (X) Change () Addition

 Name:
 CASTRO, JALES
 Name:
 CASTRO, JALES

 Address:
 10505 NW 37TH TERRACE
 Address:
 10505 NW 37TH TERRACE

City-St-Zip: MIAMI, FL 33178 City-St-Zip: DORAL, FL 33178

Title: T () Delete Title: MEMB (X) Change () Addition

 Name:
 CASTRO, ALESSANDRA
 Name:
 CASTRO, ALESSANDRA

 Address:
 10505 NW 37TH TERRACE
 Address:
 10505 NW 37TH TERRACE

 City-St-Zip:
 MIAMI, FL 33178
 City-St-Zip:
 DORAL, FL 33178

Title: S (X) Delete Title: () Change () Addition

 Name:
 CASTRO, ALESSANDRA
 Name:

 Address:
 10505 NW 37TH TERRACE
 Address:

City-St-Zip: MIAMI, FL 33178 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition Name: CASTRO PINTO, JOEL GIOVANNI Name:

 Address:
 10505 NW 37TH TERRACE
 Address:

 City-St-Zip:
 MIAMI, FL 33178
 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 CAMILO JERMIAS, LUCIANO
 Name:

 Address:
 10505 NW 37TH TERRACE
 Address:

 City-St-Zip:
 MIAMI, FL 33178
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JALES CASTRO MANM 01/12/2009