

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED

2004 JUN -2 PM 2: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M62542

1. Entity Name  
J.A.M. IMPORT AND EXPORT DISTRIBUTORS, INC.



Principal Place of Business  
420 NW 136 AVE  
MIAMI, FL 33182

Mailing Address  
420 NW 136 AVE  
MIAMI, FL 33182



03182003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0015356 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, JUAN M.  
420 NW 136 AVE  
MIAMI, FL 33182

**DO NOT WRITE IN THIS SPACE**

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 *Juan M. Sanchez*

(NOTE: Registered Agent signature required when reinstating)

DATE *5/29/04*

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANCHEZ, JUAN M
STREET ADDRESS	420 N.W. 136 AVE.
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	VPD
NAME	SANCHEZ, MARIA
STREET ADDRESS	420 N.W. 136 AVE.
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	TD
NAME	DE LOS ANGELES PEREZ, MARIA
STREET ADDRESS	420 NW 136 AVE
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400037667024  
06/04/04--01038--012 \*\*550.00

**DO NOT WRITE IN THIS SPACE**

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6/2*

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *21080 [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*980-22180*