2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000103020

Entity Name: J.S. SPECIALTY SALES OF FLA, INC.

FILED Jan 02, 2007 Secretary of State

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

14218 85TH AVE N 19111-VISTA BAY DR. SEMINOLE, FL 33776

UNIT-308

INDIAN SHORES, FL 33785

Current Mailing Address: New Mailing Address:

19111-VISTA BAY DR. 14218 85TH AVE N SEMINOLE, FL 33776

UNIT-308

INDIAN SHORES, FL 33785

FEI Number: 59-3693491 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:

SFERRASSA, JOSEPH L SFERRAZZA, JOSEPH L 19111-VISTA BAY DR. 14218 85TH AVE N

SEMINOLE, FL 33776 UNIT -308 US INDIAN SHORES, FL 33785 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: JOSEPH L. SFERRAZZA 01/02/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SFERRAZZA, JOSEPH L SFERRAZZA, JOSEPH L Name: Name: 14218 85TH AVE N 19111- VISTA BAY DR.- UNIT -308 Address: Address: City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: INDIAN SHORES, FL 33785

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

SFERRAZZA, CAROL J SFERRAZZA, CAROL J Name: Name:

14218 85TH AVE N 19111- VISTA BAY DR.-UNIT - 308 Address: Address: SEMINOLE, FL 33776 INDIAN SHORES, FL 33785 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH L. SFERRAZZA DP 01/02/2007