



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90086 024 \*\*\*150.00

<b>DOCUMENT # P02000113756</b> 1. Entity Name <b>J AND ED DISTRIBUTING CORP.</b>					
Principal Place of Business <b>19255 NE 2ND AVE APT 2215 MIAMI, FL 33179</b>			Mailing Address <b>19255 NE 2ND AVE APT 2215 MIAMI, FL 33179</b>		
2. Principal Place of Business <b>18308 N.W. 68 Ave</b> Suite, Apt. #, etc. <b>M</b>		3. Mailing Address <b>18308 N.W. 68 Avenue</b> Suite, Apt. #, etc. <b>M</b>			
City & State <b>Miami Lakes</b>		City & State <b>Miami Lakes</b>		4. FEI Number <b>50-0007625</b>	
Zip <b>33015</b>		Country <b>Fla</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DELAROSA, EDGAR R 19255 NE 2ND AVENUE #2215 MIAMI, FL 33179</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>18308 N.W. 68th Avenue</b> <b># M</b> City <b>Miami Lakes</b> <b>FL</b> Zip Code <b>33015</b>	
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 <u><b>Edgar R. de la Roca R.</b></u> DATE <u><b>2/23/05</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DE LA ROCA, EDGAR R 19255 NE 2ND AVE APT 2215 MIAMI, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>18308 N.W. 68th Avenue</b> <b># M Miami Lakes, FL 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DE LA ROCA, JORGE A 19255 NE 2ND AVE APT 2215 MIAMI, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>18308 N.W. 68th Avenue</b> <b># M Miami Lakes, FL 33015</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
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: <u><b>Edgar R. de la Roca R.</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><b>2/23/05</b></u> 305 (824-0922) <small>Daytime Phone #</small>		