

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90021 020 \*\*\*150.00

**DOCUMENT # P03000117558**

1. Entity Name  
**J A M S FOOD SHOP, INC.**



Principal Place of Business  
**12586 N KENDALL DR.  
MIAMI, FL 33186**

Mailing Address  
**12586 N KENDALL DR.  
MIAMI, FL 33186**

**50022431**



01262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FET Number  
**20-0322778**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SOTERO, JUAN A  
12586 N KENDAL DR  
MIAMI, FL 33186**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	SOTERO, JUAN A
STREET ADDRESS	14242 SW 172 TR
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	DS
NAME	DEL C DOCUMET, MARIA
STREET ADDRESS	14242 SW 172 TR
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-26-06**

Date

Daytime Phone #

ATTACHMENT  
~~50022431~~  
#P03000117558

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Gentlemen / Madam:

I sent the Profit Corporation annual report the second week of April, by mistake the Post Office sent it to a Social Security office. This office sent me back the check a week ago. I am sending the check again with the letter, as a evidence of the mistake, that the Social Security Office sent to me.

I would appreciate your understanding

Juan A. Sotero  
President  
JAMS FOOD SHOP  
12586 North Kendall Drive

ATTACHMENT



SOCIAL SECURITY

SOCIAL SECURITY ADMINISTRATION  
WILKES-BARRE DATA OPERATIONS CTR.  
1150 E. MOUNTAIN DR.  
WILKES-BARRE, PA. 18702

J A M S FOOD SHOP INC  
12586 N KENDALL DRIVE  
MIAMI, FL 33186

DATE:

JUNE 22, 2006

TELEPHONE NUMBER:

1-800-775-7802 EXT. 1599

THE ENCLOSED CHECK FOR \$ 150.00  
WAS APPARENTLY SENT TO US IN ERROR. THEREFORE, WE ARE  
RETURNING IT TO YOU FOR FORWARDING TO THE PROPER INDIVIDUAL  
OR AGENCY.