2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P03000117558

1. Entity Name

JAMS FOOD SHOP, INC.



Principal Place of Business

12586 N KENDALL DR. MIAMI, FL 33186

Mailing Address

12586 N KENDALL DR. MIAMI, FL 33186

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

07-13-2006 90021 020 ***150.00

50022431

DO NOT WRITE IN THIS SPACE

01262006 No Chg-P

CR2E034 (11/05)

4. FEI 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						
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STREET ADDRESS						

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:

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

#P03000117558

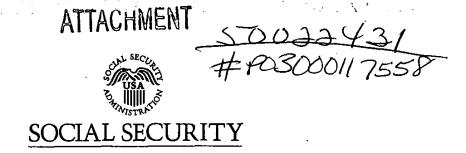
Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 FOO SHOP
12586 North Kendall Drive



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

OR AGENCY.

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				_	JUNE 22, 200	06
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				TELEI	PHONE NUMBER:	
				-	1-800-775-7802	EXT. 1599
TUE	ENCLOSED	CHECK	FOR	\$	150.00	
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WAS	APPARENTLY SEN	IT TO US IN ERR	OR.	THER	EFORE, WE ARE	
RET	URNING IT TO YO	U FOR FORWARDI	NG TO	THE	PROPER INDIVIDU	AL