


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

04-25-2005 90307 034 ***150.00

DOCUMENT # P04000020467 1. Entity Name JEMA'S DISTRIBUTORS, INC.					
Principal Place of Business 12159 ROYAL PALM BLVD CORAL SPRING, FL 33065			Mailing Address 12159 ROYAL PALM BLVD CORAL SPRING, FL 33065		
2. Principal Place of Business 15813 W WATERSIDE CIRCLE		3. Mailing Address SAME			
Suite, Apt. #, etc. 103		Suite, Apt. #, etc. 			
City & State SUNRISE, FL		City & State 			
Zip 33326		Country U.S.		Zip 	
Country 		4. FEI Number 20-0670565			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOTELLO, ALBERTO 12159 ROYAL PALM BLVD CORAL SPRING, FL 33065			7. Name and Address of New Registered Agent Name BOTELLO ALBERTO Street Address (P.O. Box Number is Not Acceptable) 15813 W WATERSIDE CIRCLE APT # 103 City SUNRISE FL Zip Code 33326		
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 <i>Alberto Botello</i> ALBERTO BOTELLO 06/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FEE PAID ON 04-20-05 FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 with M.D.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BOTELLO, ALBERTO 12159 ROYAL PALM BLVD CORAL SPRING, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOTELLO ALBERTO 15813 W WATERSIDE CIRCLE APT 103 SUNRISE, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Alberto Botello</i> ALBERTO BOTELLO 06/21/05 (954) 4654454 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					