

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000097314

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** JAMA FOOD SERVICES, INC.

**Current Principal Place of Business:**

40701 WOODWARD AVENUE  
SUITE 50  
BLOOMFIELD HILLS, MI 48303

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 2028  
BLOOMFIELD HILLS, MI 483032928

**New Mailing Address:**

**FEI Number:** 20-5290416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADDIS, JAMES J II  
9050 SHADOW GLEN WAY  
FORT MYERS, FL 33913 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ADDIS, JAMES J II  
Address: 9050 SHADOW GLEN WAY  
City-St-Zip: FORT MYERS, FL 33913

Title: S  
Name: MARALISA, ADDIS V  
Address: 9050 SHADOW GLEN WAY  
City-St-Zip: FORT MYERS, FL 33913

I hereby 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 all other like empowered.

SIGNATURE: JAMES J. ADDIS,II

P

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date