

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000057103

Entity Name: JAM DISTRIBUTING, INC.

FILED  
Jan 28, 2007  
Secretary of State

## Current Principal Place of Business:

4800 LYONS TECHNOLOGY PARKWAY  
SUITE 2  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 5032  
DEERFIELD BEACH, FL 33442

## New Mailing Address:

FEI Number: 65-0764133

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LERMAN, MICHAEL  
10565 LAKE JASMINE DRIVE  
BOCA RATON, FL 33498 US

## Name and Address of New Registered Agent:

LERMAN, MICHAEL  
4800 LYONS TECHNOLOGY PARKWAY UNIT 2  
COCONUT CREEK, FL 33073 US

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:

01/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: LERMAN, MICHAEL A  
Address: 10565 LAKE JASMINE DRIVE  
City-St-Zip: BOCA RATON, FL 33498

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: LERMAN, MICHAEL A  
Address: 4800 LYONS TECHNOLOGY PARKWAY UNIT 2  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL LERMAN

PRES

01/28/2007

Electronic Signature of Signing Officer or Director

Date