
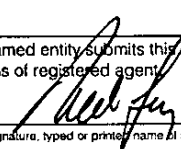
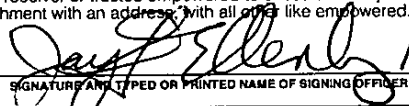


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90478 010 ***150.00

DOCUMENT # H91899 1. Entity Name JDE OF MIAMI, INC.					
Principal Place of Business 2845 AVENTURA BLVD SUITE 114 AVENTURA, FL 33180			Mailing Address 2845 AVENTURA BLVD SUITE 114 AVENTURA, FL 33180		
2. Principal Place of Business 2954B AVENTURA BLVD			3. Mailing Address 2954B AVENTURA BLVD		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State AVENTURA, FL			City & State AVENTURA, FL		
Zip 33180		Country USA		4. FEI Number 59-2621267	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LUNDY, RICHARD CPA 9655 WEST BROWARD BOULEVARD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name LUNDY, RICHARD CPA Street Address (P.O. Box Number is Not Acceptable) 400 N PINE ISLAND RD, SUITE 300 City PLANTATION FL Zip Code 33324		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLENBY, JAY D. <input type="checkbox"/> Delete 2845 AVENTURA BLVD #114 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ELLENBY, JAY D 2954B AVENTURA BLVD AVENTURA, FL 33180	
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	
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:  JAY D ELLENBY MD Date: 4/28/05					