## 2005 FOR PROFIT CORPORATION

Feb 21. 2005 08:00 AM

| ANNOAL REPORT  |   |  | Ten 21, 2003 00.00 A   |
|--|---|--|--|
| DOCUI  1. Entity Nam  JDS CAT  |   |  | Secretary of State   |
| Principal Place<br>18511 NW 8<br>HIALEAH, FL   | 2 CT - 18511 NW 82 CT                                       | ·  |  |
|  |   |  | 01212005 No Chg-P CR2E034 (10/03)  |
| D  | OO NOT WRITE IN THIS SPA                                    | ACE  | 4. FEI Number Applied For 65-0134372 Not Applicable  5. Certificate of Status Desired \$8.75 Additional  |
|  |   |  | Fee Required   |
| 18511 N.W<br>HIALEAH,  |   |  | DO NOT WRITE<br>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, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees                               |   |  |  |
| 10.  | OFFICERS AND DIRECTORS                                      |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>DOMINGUEZ, JAVIER M.<br>18511 NW 82 CT<br>HIALEAH, FL |  | 1000000230274<br>  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VPD<br>DOMINGUEZ, SYLVIA<br>18511 NW 82 CT<br>HIALEAH, CT   | The second secon |  |
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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:

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Date

Date

Detail 19.07(3)(i), Florida Statutes. I further certify that the information indicates and 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Date Date To the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicates and indicates