2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 31, 2008 08:00 AN Secretary of State **DOCUMENT # K90686** 1. Enlity Name JDS CATTLE CO. Principal Place of Business Mailing Address 18511 NW 82 CT 18511 NW 82 CT HIALEAH FL 33015 HIALEAH FL 33015 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number Applied For City & State City & State 65-0134372 Not Applicable Zφ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOMINGUEZ, JAVIER M. Street Address (P.O. Box Number is Not Acceptable) 18511 N.W. 82 COURT HIALEAH FL 33015 City Zip Code 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 harm of registred ingent and title it hipplicable. DATE (NOTE: Registived Agert agricultin required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution.\* Added to Fees Make Check Payable to Florida Department of State: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change De etc Addition TITLE DDF MAME DOMINGUEZ, JAVIER M. NAME 000000809337 02/08/08-80017-018 150.00 STREET ADDRESS 18511 NW 82 CT STREET ADDRESS. HIALEAH FL CITY-ST-ZIP Offy-ST-ZP VPD ☐ Change \_\_\_ Addition Derete TITLE TITLE DOMINGUEZ, SYLVIA MAME NAME STREET ADDRESS 18511 NW 82 CT STREET ADDRESS HIALEAH CT CITY-ST-ZIP CHY-SI-ZIP De ete TITLE ☐ Change ■ Addition HILL MAME (LATAL) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 103.E MAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP Defete TITLE ☐ Change Addition THE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ De-ete TITLE THEF MAME NOME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature small 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 changes, or on an attachment with an address, with all other like empowered.