
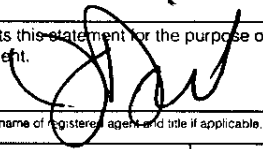
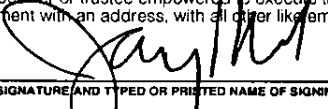


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90561 046 ***150.00

| | | | |
|---|--|--|--|
| DOCUMENT # P01000001331 1. Entity Name JCD PROPERTIES, INC. | |  | |
| Principal Place of Business 226 SE 3RD STREET DANIA BEACH, FL 33004 | | Mailing Address 226 SE 3RD STREET DANIA BEACH, FL 33004 | |
| 2. Principal Place of Business 426 SE 6th Street Suite, Apt. #, etc. | | 3. Mailing Address 901 Ponce de Leon Blvd Suite, Apt. #, etc. Suite 606 | |
| City & State Dania Beach, FL Zip 33004 Country | | City & State Coral Gables, FL Zip 33134 Country | |
| 6. Name and Address of Current Registered Agent DICK, JAY 226 S.E. 3RD STREET DANIA BEACH, FL 33004 | | 7. Name and Address of New Registered Agent Name Dick, Jay Street Address (P.O. Box Number is Not Acceptable) 426 SE 6th Street City Dania Beach FL Zip 33004 | |
| 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 | PD DICK, JAY 226 S.E. 3RD STREET DANIA BEACH, FL 33004 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Dick, Jay 426 SE 6th Street Dania Beach, FL 33134 |
| 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 |
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| 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:  | | Date 4/14/05 (954) 629 2049 | |
| SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) | | Daytime Phone # | |

20036105



04062005 Chg-P CR2E034 (10/03)

4. FEI Number **65-1065155** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**