2004 FOR PROFIT CORPORATION

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P01000019199 04-26-2004 91065 001 ***150.00 04-26-2004 91065 002 *****8.75 JDN INVESTMENTS, INC. Mailing Address Principal Place of Business 66415256 431 NW 132ND AVENUE 431 NW 132ND AVENUE MIAMI, FL 33182 MIAMI, FL 33182 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-1076535 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 01ga Elena Escobar JORDAN, OLGA E O. Box Number is Not Acceptable) W. 132nd Avenue 431 NW 132ND AVENUE MIAMI, FL 33182 City Miami 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 ed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS <u>، 10.</u> ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD Delete TITLE TITLE ☐ Change ☐ Addition ESCOBAR, OLGA ELENA NAME NAME STREET ADDRESS 431 NW 132ND AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33182 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition VP:i NAME NAME Frank Pierre Ramirez STREET ADDRESS STREET ADDRESS 431 N.W. 132nd Ave. CITY-ST-ZIP CITY-ST-7IP Miami, FL 33182 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED