

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030577

Entity Name: JAID, INC.

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

1345 N.W. 127TH AVE
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

1345 N.W. 127TH AVE
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 52-2301763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPHSON, IRA
1345 N.W. 127TH AVE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TREA () Delete
Name: JOSEPHSON, IRA E TREAS
Address: 1345 NW 127TH AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: PRES () Delete
Name: JOSEPHSON, IRA E PRES
Address: 1345 NW 127TH AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Delete
Name: JOSEPHSON, JOAN M VP
Address: 1345 NW 127TH AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SEC () Delete
Name: JOSEPHSON, JOAN M SEC
Address: 1345 NW 127TH AVE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA JOSEPHSON

PRES

04/22/2005

Electronic Signature of Signing Officer or Director

Date