


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 17, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90026 030 \*\*\*150.00

<b>DOCUMENT # P02000067005</b>					
1. Entity Name <b>JCD INVESTMENTS, INC.</b>					
Principal Place of Business <b>11857 SW 99 LANE MIAMI FL 33186</b>			Mailing Address <b>11857 SW 99 LANE MIAMI FL 33186</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>03-0462432</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DELGADO, DOMINIL</b> <b>11857 SW 99 LANE</b> <b>MIAMI FL 33186</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2008 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div> 9. Election Campaign Financing  Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, JAIME		NAME		
STREET ADDRESS	11857 SW 99 LANE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33186		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, CAMILLE		NAME		
STREET ADDRESS	11857 SW 99 LANE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33186		CITY- ST- ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, DOMINIC		NAME		
STREET ADDRESS	11857 SW 99 LANE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33186		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 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 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: <u><i>Dominic Delgado</i></u>			<u>6/11/08</u> <u>305 815 5340</u> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					