2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # P02000098359** 1. Entity Name 04-12-2004 90281 027 ***150.00 J & D FLORIDA INVESTMENT, INC Principal Place of Business Mailing Address 5402 WEST FLAGLER ST. 5402 WEST FLAGLER ST. **MIAMI FL 33134 MIAMI FL 33134** 2. Principal Place of Business 3. Mailing Address 8279 N.W. 56th St 8279 N.W. 56th St Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE ?*^ __= 34. 1 July 17 City & State City & State Applied For 4. FEI Number 13-4214161 Not Applicable Miami FL Miami FL Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33166 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, JESUS Street Address (P.O. Box Number is Not Acceptable) 5402 WEST FLAGLER ST. MIAMI FL 33134 8279 N.W. 56th St 33166 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD nn F ☐ Addition ☐ Delete TITLE Change NAME DIAZ, DALIA NAME 8279 N.W. 56th St STREET ADDRESS 5402 WEST FLAGLER ST. STREET ADDRESS Miami FL 33166 MIAMI FL 33134 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE X Change ☐ Addition GONZALEZ, JESUS 8279 N.W. 56th St STREET ADDRESS 5402 WEST FLAGLER ST. STREET ADDRESS MIAMI FL 33134 CITY-ST-7IP CITY-ST-7/P Miami FL 33166 TITLE Delete Addition ☐ Change TITLE NAME 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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. SIGNATURE: Dažia R. Diaz / President 04/09/2004 305-418-8788

FILED

Date

Daytime Phone #