## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 27, 2005 8:00 am Secretary of State DOCUMENT # P02000098359 1. Entity Name 04-27-2005 90345 007 \*\*\*150.00 J & D FLORIDA INVESTMENT, INC Mailing Address Principal Place of Business 8279 NW 56TH ST. 8279 NW 56TH ST. **MIAMI FL 33166 MIAMI FL 33166** 3. Mailing Address 2. Principal Place of Business 6046 N. Waterway Dr 6046 N. Waterway Dr Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 13-4214161 Not Applicable Miami, Fl Miami Fl Country Country Ζiρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 955 Dade 33155-4955 6. Name and Address of Current Registered Agent <u> 33155–4955</u> Dade 7. Name and Address of New Registered Agent Name GONZALEZ, JESUS 8279 NW 56TH ST. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** City Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition DIAZ, DALIA 6046 N. Waterway Dr DIAZ, DALIA NAME Ŋ, STREET ADDRESS 8279 NW 56TH ST. STREET ADDRESS Miami, F1 33155-4955 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** ۷D Delete TITLE □ Change ☐ Addition GONZALEZ, JESUS GONZALEZ, JESUS NAME NAME 6046 N. Waterway Dr STREET ADDRESS STREET ADDRESS 8279 NW 56TH ST. Miami, Fl 33155-4955 **MIAMI FL 33166** CITY-ST-ZIP CITY - ST - 7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS: CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition THILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

April 23rd, 2005 (786)268-720\$