2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # PΩ2000120113 1. Entity Name HJD HOLDINGS, INC.

FILED Apr 23, 2004 08:00 AM Secretary of State

Principal Place of Business **INVESTMENTS** AVENTURA, FL 33180

Mailing Address

20770 WEST DIXIE HIGHWAY AVENTURA, FL 33180



03052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 37-1448513

Applied For Not Applicable

				5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent							
SMALL, JESSE 20770 WEST DIXIE HIGHWAY AVENTURA, FL 33180			DO NOT WRITE IN THIS SPACE				
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 little if applicable (NOTE Registered Agent signature required when remstating) CATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution,	cing !	\$5.00 May Be Added to Fees	U00000112 04/23/04-80	27396 0072-012 150.00	
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D SMALL, JESSE 20770 WEST DIXIE HIGHWAY AVENTURA, FL 33180	······································					
NAME STREET ADORESS CITY -ST - ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS C/TY+ST+ZIP				IN	THIS SPA	ACE	
TITLE NAME STREET ADDRESS							

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 call, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as frequired 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:

CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

Daylime Phone #