

ANNUAL REPORT

DOCUMENT # P02000125625

1. Entity Name
J.D.I., INC.



FILED
Apr 11, 2007 08:00 A
Secretary of State

Principal Place of Business

540 N SR 434
#177
ALTAMONTE SPRINGS, FL 32714

Mailing Address

P.O. BOX 824082
PEMBROKE PINES, FL 33082



03262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1562682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HABOIAN, TONY
19324 SW 14TH STREET
PEMBROKE PINES, FL 33029

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IN THIS SPACE**

6. 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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
HABOIAN, TONY
19324 SW 14TH STREET
PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DST
HABOIAN, ELIZABETH
19324 SW 14TH STREET
PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000699968
04/19/07-80065-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF EXAMINING OFFICER OR DIRECTOR

4/8/07

Notary Public #