
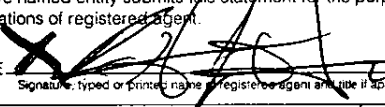
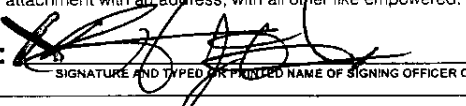


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90016 024 ***150.00

DOCUMENT # P03000015201					
1. Entity Name H.J.D. ENTERPRISES, INC.					
Principal Place of Business 5854 NORTHWEST 113 PLACE MIAMI, FL 33178			Mailing Address 5854 NORTHWEST 113 PLACE MIAMI, FL 33178		
2. Principal Place of Business - No P.O. Box # 6903 NW 113 Place		3. Mailing Address 6903 NW 113 Place			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Doral, FL		City & State Doral, FL		4. FEI Number 55-0819019	
Zip 33178		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIEHL, HERMANN J 5854 NORTHWEST 113 PLACE MIAMI, FL 33178			7. Name and Address of New Registered Agent Name: Diehl, Hermann J. Street Address (P.O. Box Number is Not Acceptable): 6903 NW 113 Place City: Doral FL Zip Code: 33178		
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: 		Hermann J. Diehl, Director		DATE: 2/23/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIEHL, HERMANN J 5854 NORTHWEST 113 PLACE MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		Hermann J. Diehl Director		DATE: 2/23/07 305-606-4433	