

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90190 018 \*\*\*150.00

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                            |                                                                                                                                   |                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| <b>DOCUMENT # P03000075198</b><br>1. Entity Name<br><b>JDT, INCORPORATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                            |                                                                                                                                   |                                                        |  |
| Principal Place of Business<br><b>8076 WEST MCNAB ROAD<br/>NORTH LAUDERDALE, FL 33068</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                                            | Mailing Address<br><b>8076 WEST MCNAB ROAD<br/>NORTH LAUDERDALE, FL 33068</b>                                                     |                                                        |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                              |                                                                                                                                   | 4. FEI Number<br><b>200677036</b>                      |  |
| City & State<br><br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               | City & State<br><br>Zip Country                                                            |                                                                                                                                   | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                            |                                                                                                                                   | 04292004 Chg-P CR2E034 (10/03)                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SOUTHWEST-22 STREET, 4TH FLOOR<br/>MIAMI, FL 33145</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                                            | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when removing) DATE _____                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                                            |                                                                                                                                   |                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$350.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                   |                                                        |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                      |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DPST<br>TORREY, JAMES D<br>8076 WEST MCNAB ROAD<br>NORTH LAUDERDALE, FL 33068 | <input type="checkbox"/> Delete                                                            |                                                                                                                                   |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                                                                                                                   |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                                                                                                                   |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                                                                                                                   |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                                                                                                                   |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                                                                                                                   |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(f), 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: <i>Devan Paine finding</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               | 4.30.04                                                                                    |                                                                                                                                   | 9546001854                                             |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               | Date                                                                                       |                                                                                                                                   | Daytime Phone #                                        |  |