

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90208 049 \*\*\*150.00

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DOCUMENT # P03000078634					
1. Entity Name JDWARE DEVELOPMENT INC					
Principal Place of Business 5841 SW 29TH STREET MIAMI, FL 33155			Mailing Address 5841 SW 29TH STREET MIAMI, FL 33155		
2. Principal Place of Business 724 SW 6TH ST.		3. Mailing Address 724 SW 6TH ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HALLANDALE BCH, FL		City & State HALLANDALE BCH, FL		4. FEI Number 54-2116775	
Zip 33009		Country USA		Applied For Not Applicable	
Zip 33009		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, JONATHAN Z <del>5841 SW 29 STREET</del> 724 SW 6TH ST. MIAMI, FL 33155 <del>MIAMI, FL 33155</del> HALLANDALE BCH, FL 33009			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, JONATHAN Z		NAME		
STREET ADDRESS	5841 SW 29 STREET		STREET ADDRESS	724 SW 6TH ST.	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	HALLANDALE BCH, FL 33009	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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 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: 		P.R.S.		4/29/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				305 667 3730	