2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State
02-12-2007 90064 043 ***150.00

DOCUMENT # P03000078634

1. Entity Name
JDWARE DEVELOPMENT INC

Principal Place of Business	Mailing Address
724 SW 69TH ST HALLANDALE, FL 33009	724 SW 69TH ST HALLANDALE, FL 33009

01302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
724 SW 6TH ST	724 SW 6TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HALLANDALE BEACH, FL	City & State: HALLANDALE BEACH, FL
Zip: 33009 Country:	Zip: 33009 Country:

4. FEI Number 54-2116775 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JONATHAN Z
~~724 SW 69TH ST~~
~~HALLANDALE, FL 33009~~ 724 SW 6TH ST
HALLANDALE BEACH, FL
33009

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIS, JONATHAN Z ~~724 SW 69TH ST~~ 724 SW 6TH ST. 33009 ~~HALLANDALE, FL 33009~~ HALLANDALE BEACH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____ 2/7/07 786 566 9759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #