## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # P03000078634 **Secretary of State** 02-12-2007 90064 043 \*\*\*150.00 JDWARE DEVELOPMENT INC Principal Place of Business Mailing Address 724 SW 69TH ST 724 SW 69TH ST HALLANDALE, FL 33009 HALLANDALE, FL 33009 3. Mailing Address 724 SW 2. Principal Place of Business - No P.O. Box # 724 SW 6TH ST 67H ST. Suite, Apt. #, etc. Suite, Apt. #, etc. 01302007 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For HALLAMOALE BEACH FL ITALLAMOALG BEACH. 54-2116775 Not Applicable 33<u>009</u> Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, JONATHAN Z 7245W 67H55 Street Address (P.O. Box Number is Not Acceptable) 724 SW 69TH ST ~ HALLANDALE, FL 33009 HALLANDALE BEACH FL City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algoriture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Change TITLE Delete ☐ Addition DAVIS, JONATHAN Z 724 SW 69TH ST. 724 SW 6TH ST. NAME NAME STREET ADDRESS 33000 STREET ADDRESS HALLANDALE, FL 33000- HALLANDALS BENCH CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition 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 troutee 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 abdress, with all other like empowered.

FILED

Feb 12, 2007 8:00 am