


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90031 044 ***150.00

DOCUMENT # P04000003793					
1. Entity Name JDS FOOD DISTRIBUTION, INC					
Principal Place of Business 2659 WEST OKEECHOBEE ROAD LOT # 116 HIALEAH, FL 33010			Mailing Address 2659 WEST OKEECHOBEE ROAD LOT # 116 HIALEAH, FL 33010		
2. Principal Place of Business 1060 W 33 STREET		3. Mailing Address THE SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HIALEAH, FL		City & State		4. FEI Number 20-0545838	
Zip 33012		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTISTEBAN, JAIME D 2659 WEST OKEECHOBEE ROAD LOT # 116 HIALEAH, FL 33010			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 P	NAME SANTISTEBAN, JAIME D		TITLE SANTISTEBAN, JAIME D	NAME 1060 W 33 STREET	
STREET ADDRESS 2659 WEST OKEECHOBEE ROAD LOT # 116	CITY-ST-ZIP MIAMI, FL 33010		STREET ADDRESS 1060 W 33 STREET	CITY-ST-ZIP HIALEAH, FL 33012	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		PRESIDENT		02/19/2005 305-3056512	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	