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Secretary of State
04-21-2005 90219 018 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000019422

1. Entity Name
J.D. & SON ENTERPRISES CORPORATION

400063655

Principal Place of Business	Mailing Address
3841 EAST LAKES ESTATES DRIVE DAVIE, FL 33328 US	3841 EAST LAKES ESTATES DRIVE DAVIE, FL 33328 US

04192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3841 E. LAKE ESTATES DR	3841 E. LAKE ESTATES DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE, FL	City & State: DAVIE, FL
Zip: 33328 Country: US	Zip: 33328 Country: US

4. FEI Number: 20-0620669 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVID, HADEED
3841 EAST LAKES ESTATES DRIVE
DAVIE, FL, FL 33328

7. Name and Address of New Registered Agent

Name: HADEED, DAVID
Street Address (P.O. Box Number is Not Acceptable): 3841 EAST LAKE ESTATES DR
City: DAVIE FL Zip Code: 33328

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: X [signature] DAVID HADEED 4/19/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	P JACQUILINE, HADDED 3841 EAST LAKE ESTATES DRIVE DAVIE, FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HADEED, JACQUELINE 3841 EAST LAKE ESTATES DR DAVIE, FL 33328 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature] JACQUELINE HADEED 4/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #