


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90052 009 ***150.00

DOCUMENT # P04000067090	
1. Entity Name JD'S HANDY HANDS SERVICES INC.	

Principal Place of Business 1440 JF KENNEDY CSWY STE 309 N BAY VILLAGE FL 33141	Mailing Address 1440 JF KENNEDY CSWY STE 309 N BAY VILLAGE FL 33141
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2. Principal Place of Business 7533 Adventure Ave.	3. Mailing Address 7533 Adventure Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State N Bay Village Fla	City & State N Bay Village Fla
Zip 33141	Zip 33141
Country USA	Country USA

4. FEI Number 56-245-6602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SALDANIAGA, JUAN D 7533 ADVENTURE AVE N BAY VILLAGE FL	
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7. Name and Address of New Registered Agent Name Saldarriaga, Juan D. Street Address (P.O. Box Number Not Acceptable) 7533 Adventure Ave City N. Bay Village FL Zip Code 33141	
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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 *Juan D Saldarriaga* DATE **2-1-05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME SALDARIAGA, JUAN D	
STREET ADDRESS 7533 ADVENTURE AVEWY STE 309	
CITY-ST-ZIP N BAY VILLAGE FL 33141	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JUAN D Saldarriaga	
STREET ADDRESS 7533 Adventure Ave.	
CITY-ST-ZIP N. Bay Village FL 33141	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Juan D Saldarriaga* DATE **2-1-05** 305-867-4011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #