

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90271 013 ***150.00

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1. Entity Name
J.D. HOLDINGS ENTERPRISES CORP.



Principal Place of Business
**20350 W COUNTRY CLUB DR SUITE 121-4
AVENTURA, FL 33180**

Mailing Address
**20350 W COUNTRY CLUB DR SUITE 121-4
AVENTURA, FL 33180**

DO NOT WRITE IN THIS SPACE



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0847330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating)

DATE _____

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIRNFELD, JOSEF 20350 WEST COUNTRY CLUB DRIVE SUITE 121-4 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIRNFELD, VERA 20350 WEST COUNTRY CLUB DRIVE SUITE 121-4 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIRNFELD, DANIEL 20350 WEST COUNTRY CLUB DRIVE SUITE 121-4 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALFANDARY, STEPHANIE 20350 WEST COUNTRY CLUB DRIVE SUITE 121-4 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/07

Daytime Phone #

305 947 9010