



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90062 038 ***150.00

DOCUMENT # P05000140248 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		
2. Principal Place of Business - No P.O. Box # 20725 NE 16TH AVE. Suite, Apt. #, etc. SUITE A-17 City & State NORTH MIAMI BEACH, FL Zip 33179 Country USA		3. Mailing Address 20725 NE 16TH AVE Suite, Apt. #, etc. SUITE A-17 City & State NORTH MIAMI, FL Zip 33179 Country USA			
4. FEI Number 01-0847330				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02192008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	DP DIRNFELD, JOSEF <input type="checkbox"/> Delete 20350 WEST COUNTRY CLUB DRIVE SUITE 121-4 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20725 NE 16TH AVENUE, SUITE A-17 NORTH MIAMI BEACH FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIRNFELD, VERA <input checked="" type="checkbox"/> Delete 20350 WEST COUNTRY CLUB DRIVE SUITE 121-4 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP CARLOS KOVALSKY 20725 NE 16TH AVENUE, SUITE A-17 NORTH MIAMI BEACH, FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIRNFELD, DANIEL <input type="checkbox"/> Delete 20350 WEST COUNTRY CLUB DRIVE SUITE 121-4 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20725 NE 16TH AVENUE, SUITE A-17 NORTH MIAMI BEACH, FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALFANDARY, STEPHANIE <input type="checkbox"/> Delete 20350 WEST COUNTRY CLUB DRIVE SUITE 121-4 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20725 NE 16TH AVENUE, SUITE A-17 NORTH MIAMI BEACH, FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 or without like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/7/08 <small>Date</small>		
JOSEF DIRNFELD			305 493 3940 <small>Daytime Phone #</small>		