2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000060310

Entity Name: JD SYSTEM & STUCCO INC

FILED Sep 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

340 FAIRWOOD AVENUE

105

CLEARWATER, FL 33759 US

New Mailing Address: Current Mailing Address:

340 FAIRWOOD AVENUE P O BOX 6014

CLEARWATER, FL 33758 US

CLEARWATER, FL 33759 US

FEI Number: 20-4796339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SEGURO-MEX EMPLOYEE SOLUTIONS, INC MENDEZ, MANUEL 1106 N. PARSONS AVE 340 FAIRWOOD AVE SUITE 202 105

BRANDON, FL 33510 US CLEARWATER, FL 33759 US

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.

SIGNATURE: MANUEL MENDEZ 09/18/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition HERNANDEZ, CRISTINA HERNANDEZ, CRISTINA Name: Name: 340 FAIRWOOD AVE APT 105 340 FAIRWOOD AVE # 105 Address: Address: City-St-Zip: CLEARWATER, FL 33759 US City-St-Zip: CLEARWATER, FL 33759 US

() Delete Title: VD Title: VD (X) Change () Addition

Name: MENDEZ, MANUEL Name: MENDEZ, MANUEL 340 FAIRWOOD AVE APT 105 Address: 340 FAIRWOOD AVE # 105 Address: CLEARWATER, FL 33759 US CLEARWATER, FL 33759 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: MANUEL MENDEZ 09/18/2008