

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000029562

Entity Name: JD CUSTOM DETAIL, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

18410 NW 56TH AVE
OPA LOCKA, FL 33055

New Principal Place of Business:

18410 NW 56TH AVE
MIAMI GARDENS, FL 33055

Current Mailing Address:

18410 NW 56TH AVE
OPA LOCKA, FL 33055

New Mailing Address:

18410 NW 56TH AVE
MIAMI GARDENS, FL 33055

FEI Number: 20-8522692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BENNETT, DAVE
18410 NW 56TH AVE
OPA LOCKA, FL 33055 US

Name and Address of New Registered Agent:

CRIVELLI, CAROL A
18410 NW 56TH AVE
MIAMI GARDENS, FL 33055 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: CAROL A. CRIVELLI

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BENNETT, DAVE
Address: 18410 NW 56TH AVE
City-St-Zip: OPA LOCKA, FL 33055

Title: VP (X) Delete
Name: CRIVELLI, CAROL
Address: 18410 NW 56TH AVE
City-St-Zip: OPA LOCKA, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRIVELLI, CAROL A
Address: 18410 NW 56TH AVE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: CAROL A. CRIVELLI

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date