

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90042 006 ***150.00

DOCUMENT # P94000050632
1. Entity Name
JID PRODUCTS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1630 W 38TH PL		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State SAME	
Zip 3301-7026	Country USA	Zip 3301-7026	Country USA

40021621 ✓

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0505330		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DAVALOS, JOSE M	
Street Address (P.O. Box Number is Not Acceptable) 815 WEST 48 STREET	
City HIALEAH	Zip Code 33012

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

January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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		11.	
TITLE PD	NAME DAVALOS, JOSE M	TITLE	
STREET ADDRESS 815 WEST 48 STREET	CITY-ST-ZIP HIALEAH FL 33012	STREET ADDRESS	
TITLE VT	NAME DAVALOS, IRMA	TITLE	
STREET ADDRESS 815T 48 STREET	CITY-ST-ZIP HIALEAH FL 33012	STREET ADDRESS	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose M Davalos

DAVALOS JOSE M PRESIDENT

1/26/2008

305-823-1011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #