

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

ATX1

DOCUMENT # P94000050632	
1. Entity Name	
JID PRODUCTS INC	

FILED
09 JAN 20 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1630 W 38TH PL Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State SAME	
Zip 33012-7026	Country USA	Zip SAME	Country USA

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

7. Name and Address of Current Registered Agent
Name
JOSE M DAVALOS
Street Address (P.O. Box Number is Not Acceptable)
1630 WEST 38TH PL
City
HIALEAH FL 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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSE M DAVALOS 815 WEST 48 ST HIALEAH FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT IRMA DAVALOS 815 WEST 48TH ST HIALEAH FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400141467534 01/20/09--01033--011 **150.00
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2009 786-234-2025
Date Daytime Phone #