

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90017 029 ***150.00

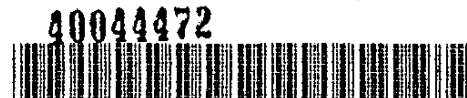
DOCUMENT # P94000085245

1. Entity Name
JDI COMMUNICATIONS CORP.



Principal Place of Business Mailing Address
1000 S. HILLCREST CT. #102 P O BOX 220634
HOLLYWOOD, FL 33021 US HOLLYWOOD, FL 33022 US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



02232005 Chg-P CR2E034 (10/03)

4. FEJ Number 65-0537878 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DEL SORDO, JOSEPH JR
320 SW 97TH AVE
PEMBROKE PINES, FL 33025

7. Name and Address of New Registered Agent
Name **JOSEPH DELSORDO, JR.**
Street Address (P.O. Box Number is Not Acceptable) **1000 S. HILLCREST CT. #102**
City **HOLLYWOOD** FL Zip Code **33021**

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 the filer (Applicable if registered agent is required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PVPS	☐ Delete	TITLE	PVPS	☒ Change ☐ Addition
NAME	DEL SORDO, JOSEPH JR.		NAME	DELSORDO, JOSEPH JR.	
STREET ADDRESS	320 SW 97TH AVE		STREET ADDRESS	1000 S. HILLCREST CT. #102	
CITY-STATE-ZIP	PEMBROKE PINES, FL 33025		CITY-STATE-ZIP	HOLLYWOOD, FL 33021	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 Block 11 if changed, or on an attachment with an address, with all of the foregoing.

SIGNATURE: Joseph P. DelSordo, Jr. 3/29/05 954-557-6360
Signature and typed or printed name of signing officer or director Date Daytime Phone #