2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2005 8:00 am Secretary of State

DOCUMENT # P95000052341 1. Entity Name J & D FAMILY ENTERPRISES, INC.					02-24-2005 90045 048 ***150.00		
Principal Place of Business 2801 NORTH 38TH AVENUE HOLLYWOOD, FL 33021 Mailing Address 2801 NORTH 38TH AVENUE HOLLYWOOD, FL 33021			UE		50018753		
2. Principal Place of Business 4018 BUCHANAN ST H018 BUCHANA Suite, Apt. #, etc. Suite, Apt. #, etc.			NAN SI				
Suite. Apt. #, etc. City & State HOLLY WOOD, FL		City & State HOLLY WOOD, FL		4. FEI Nu 65-0	····		olied For Applicable
Zip 330		Zip 33021	Country	<u> </u>	ate of Status Desired	Fee Required	
6. Name and Address of Current Registered Agent STOODLEY, ANDREA M 2801 NORTH 38TH AVENUE HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name Stroot LEY ANDREA M. Street Address (P.O. Box Number is Not Acceptable) HOLD BUCHANAN ST City HOLD Viving D. FL Zip Code			
City Hollywood FL Zip Code 3302/ 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 And Stoodles (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 SAfter May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PSD STOODLEY, ANDREA M 2801 NORTH 38TH AVENUE HOLLYWOOD, FL 33021	DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STOOTLET HOIS BU	NS/CHANGES TO OFFICER , AND REA M CHANAN ST OUD, 1=1 330	Change .	IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD STOODLEY, JAMES J 2801 NORTH 38TH AVENUE HOLLYWOOD, FL 33021	☐ Delete		VTD STOODLE 4018 BU	Y, JAMES J. ICHANAN ST ID, FL 3302	Z Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delicte	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delde	TIFLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition

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 Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PRICES OR DIRECTOR M. STOUDLEY 2/21/05-

(954)962-9997