2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P960000388 i. Entity Name J.D.'S PIZZERIA III, INC.	370					
Principal Place of Business 1620 NE 205 TER MIAMI, FL 33179	Mailing Address 1620 NE 205 TER MTAMI, FL 33179					
		8.2	04222008	No Chg-P	CR2E034 (
DO NOT WRITE	IN THIS SPA	CE	4. FEI Numb 65-067 5. Certificate			Applied For Not Applicable 75 Additional
6. Name and Address of Current R	mistered Ameni	L 500 30 100 100	· Water	TENTHOLOGICA COM	Fee Control	Required
, WHITEHURST, SCOTT 1620 NE 205 TER MIAMI, FL 33179			IN T	NOT W THIS SP	ACE	
The above named entity submits this statement for the obligations of registered agent.	he purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	rida. I em famil	iar with, and accept
SIGNATURE Signalure, typed or printed name of registered agent an	DIRSI dent	SCOTT K		CHURST	UZZ/	₽ \$
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees	00000092 05/16/08-80	23989 1057-001	150.00
the OFFICERS AND D	IRECTORS					的概要模型
MRE P NAME WHITEHURST, SCOTT STREET ADDRESS 4825 CLEVLAND STREET HOLLYWOOD, FL						
name Name Street adoress City-St-Zip						
TITLE NAME STREET ADDRESS GITY-ST-ZIP			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THIS SF		
TITLE NAME STREET ADDRESS CITY- ST-ZIP						
TITLE NAME' STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of 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 other like empowered.						
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIOCHING OFFICER OR DIRECTOR DATE DATE DATE DATE DATE DATE DATE DATE						