

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000045858**

1. Entity Name  
**JD FIVE STAR, INC.**



Principal Place of Business  
**598 NW 15 ST  
POMPAÑO BEACH, FL 33060**

Mailing Address  
**598 NW 15 ST  
POMPAÑO BEACH, FL 33060**

**DO NOT WRITE IN THIS SPACE**



04082007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0764570**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GROSSFIELD, SERIL ESQ  
8 S E 8 STREET  
FT LAUDERDALE, FL 33316**

**DO NOT WRITE  
IN THIS SPACE**

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 remitting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
ABUZNAID, JIHAD  
4147 INVERARRY DR., APT. 710  
LAUDERHILL, FL 33319**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
ABUZNAID, RIAD  
821 NW 6TH ST  
FT. LAUDERDALE, FL 33311**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ABUZNAID, AHMAD  
598 NW 15TH ST  
POMPAÑO BEACH, FL 33060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000699332  
04/19/07-80038-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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 other like empowered

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #