

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000045858**

1. Entity Name

JD FIVE STAR, INC.



Principal Place of Business

598 NW 15 ST  
POMPANO BEACH, FL 33060

Mailing Address

598 NW 15 ST  
POMPANO BEACH, FL 33060



02062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

000000836490  
03/04/08-80019-012 150.00

10. OFFICERS AND DIRECTORS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 #