

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90064 043 ***150.00

DOCUMENT # P97000075302	
1. Entity Name J & D CONSULTING ASSOCIATES, INC.	

Principal Place of Business 3075 SW 32 AVE. MIAMI, FL 33133	Mailing Address 3075 SW 32 AVE. MIAMI, FL 33133
---	---

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

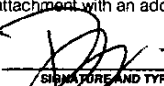
6. Name and Address of Current Registered Agent	
SAUDINO, DOLORES 3075 SW 32 AVE. MIAMI, FL 33133	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

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 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SAUDINO, DOLORES	NAME	
STREET ADDRESS	3075 SW 32 AVE.	STREET ADDRESS	5871 SW 87 Street
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	Miami, FL 33143
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SAUDINO, JUAN I	NAME	
STREET ADDRESS	3075 SW 32 AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	PABLO BAUSILI
STREET ADDRESS		STREET ADDRESS	5871 SW 87 Street
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33143
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Dolores Saudino Pres/Director
Date: 2/22/05	Daytime Phone #: 305-588-5639