## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED ANNUAL REPORT Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P98000012108 J.D. ENTERPRISES OF BROWARD, INC. Principal Place of Business Mailing Address 998 SOUTH MILITARY TRAIL 998 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 and the second s 01102006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0811485 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEREZ, JOSEPH SR. DO NOT WRITE 5326 FLAMINGO COURT COCONUT CREEK, FL 33073 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DPTS PEREZ, JOSEPH D SR MAKE STREET ADDRESS 5326 FLAMINGO CT. CITY-ST-ZIP COCONUT CREEK, FL 33073 U00000539013 TITLE 05/09/06-80083-018 150.00 NAME PEREZ, DARCY 4500 NW 12TH DR. STREET ADDRESS POMPANO BEACH, FL 33064 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information incloated 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 given like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

KURLS DARCE FEREZ
R PRINTED NAME OF FEMILIA OFFICER OR DIRECTOR

4/10/06

954-459-30C