2005 FOR PROFIT CORPORATION

Mar 01, 2005 8:00 am **Secretary of State ANNUAL REPORT** 03-01-2005 90071 014 ***150.00 DOCUMENT # L40834 J. MORI PAINTING INC. Principal Place of Business Mailing Address 2561 W 80TH ST 2561 W 80TH ST 50021087 HIALEAH, FL 33016 HIALEAH, FL 33016 US US 01202005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0167126 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORI, JOSE L DO NOT WRITE 2561 W. 80TH ST HIALEAH, FL 33016 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 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PD MORI, JOSE F. NAME 8245 MENTEITH TERR 2561 W. 80 Street STREET ADDRESS HIALLAH, FL. 33016 MIAMI; FL-33016 CITY-ST-ZIP VTD TITLE NAME MORI, JOSE L. 20207 SW 54 PLACE 2541 W. 80 Street STREET ADORESS PEMBROKE PINES FL 33332 NIALEAH, FL 38016 CITY-ST-ZIP VSD TITLE PLACERES, JUAN C. NAME 2561 W. 80 Street STREET ADDRESS 4030 W. 9TH AVE. DO NOT WRITE CITY-ST-ZIP HIALEAH, FL ... HIALEMH FL. 33016 IN THIS SPACE 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 ar

SIGNATURE: .

TITLE NAME STREET ADDRESS CITY-ST-ZIP

305-825-7144

FILED