2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000031920

1. Entity Name
J L STAIRS & MILLWORK, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 8:00

Principal Place of Business	Mailing Address
982 WEST PROSPECT RD. OAKLAND, FL 33009	982 WEST PROSPECT RD. OAKLAND, FL 33009

04282004 Chg-P CR2E034 (10/03) MRS

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

4. FEI Number 59-0728004 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, MILAGROS
27553 S. DIXIE HWY.
HOMESTEAD, FL 33032

7. Name and Address of New Registered Agent

Name LOPEZ JAVIER
Street Address (P.O. Box Number is Not Acceptable) 16356 E EDINBURGH
City LOKAHATCHEE FL Zip Code 33470

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 X _____ DIRECTOR 04/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, JAVIER 14830 NARANJA LAKES BLVD., STE. 4K HOMESTEAD, FL 33032	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ JAVIER 16356 E EDINBURGH LOKAHATCHEE FL 33470	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: X _____ 04/27/04 (786)295-0856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #