2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State
05-03-2007 90065 003 ***150.00

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1. Entity Name
MR. J'S INDUSTRIAL SERVICE, INC.

Principal Place of Business	Mailing Address
13490 SW 198 STREET MIAMI, FL 33177	PO BOX 2525 HOMESTEAD, FL 33032

04272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0848124 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JAMES GUEST, CPA
15600 SW 288TH ST #401
HOMESTEAD, FL 33033

7. Name and Address of New Registered Agent

Name Raul E. Pastran
Street Address (P.O. Box Number is Not Acceptable) 333 NE 8th St
City Homestead FL Zip Code 33030

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] 4/27/07
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, 2007 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	PSTD	☐ Delete	TITLE	PSTD	☑ Change ☐ Addition
NAME	FERGUSON, JOSEPH M		NAME	Ferguson, Joseph M	
STREET ADDRESS	13490 SW 198 STREET		STREET ADDRESS	P.O Box 2525	
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP	Naranja Fl. 33032	
TITLE	VP	☐ Delete	TITLE	VP	☑ Change ☐ Addition
NAME	FERGUSON, JOSEPH M		NAME	Ferguson, Joseph M	
STREET ADDRESS	13490 SW 198 STREET		STREET ADDRESS	P.O Box 2525	
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP	Naranja Fl. 33032.	
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		
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 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] JOSEPH M. FERGUSON 4/27/07 ~~3-05-5~~ 305-252-8556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #