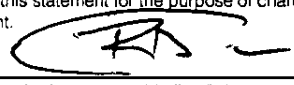
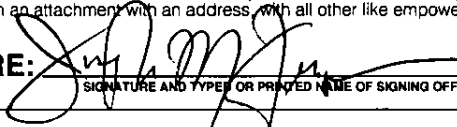


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90065 003 ***150.00

DOCUMENT # P98000059975 1. Entity Name MR. J'S INDUSTRIAL SERVICE, INC.					
Principal Place of Business 13490 SW 198 STREET MIAMI, FL 33177			Mailing Address PO BOX 2525 HOMESTEAD, FL 33032		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0848124	
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) 323 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  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 ☐ \$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	PSTD FERGUSON, JOSEPH M 13490 SW 198 STREET MIAMI, FL 33177		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Ferguson, Joseph M P.O Box 2525 Naranja FL 33032	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERGUSON, JOSEPH M 13490 SW 198 STREET MIAMI, FL 33177		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ferguson, Joseph M P.O Box 2525 Naranja FL 33032.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 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:  JOSEPH M. FERGUSON 4/27/07 305-252-8556 Signature and typed or printed name of signing officer or director Date Daytime Phone #					