



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90303 031 ***150.00

DOCUMENT # P98000031113 1. Entity Name J & J PAINTING CORP.																																																																																																																													
Principal Place of Business 5308 SW 133 AVE HOLLYWOOD, FL 33027			Mailing Address PO BOX 170002 HIALEAH, FL 33017																																																																																																																										
2. Principal Place of Business 20068 NW 85 AVE Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.																																																																																																																											
City & State MIAMI, FL		City & State		4. FEI Number 65-0829912																																																																																																																									
Zip 33015		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent AROCHA, MAIVEL 5308 SW 133 AVE HOLLYWOOD, FL 33027			7. Name and Address of New Registered Agent Name AROCHA MAIVEL Street Address (P.O. Box Number is Not Acceptable) 20068 NW 85 AVE City MIAMI FL Zip Code 33015																																																																																																																										
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 <u><i>Maivel Arocha</i></u> REGISTERED AGENT AROCHA MAIVEL 04/14/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>AROCHA, MAIVEL</td> <td></td> <td>STREET ADDRESS</td> <td>20068 NW 85 AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>5308 SW 133 AVE HOLLYWOOD, FL 33027</td> <td></td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33015</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td></td> <td>TITLE</td> <td>P</td> <td></td> </tr> <tr> <td>NAME</td> <td>MARTINEZ, JOHN JAIRO</td> <td></td> <td>NAME</td> <td>Martinez John Jairo</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5308 SW 133 AVE</td> <td></td> <td>STREET ADDRESS</td> <td>20068 NW 85 AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33027</td> <td></td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33015</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	AROCHA, MAIVEL		STREET ADDRESS	20068 NW 85 AVE		CITY-ST-ZIP	5308 SW 133 AVE HOLLYWOOD, FL 33027		CITY-ST-ZIP	MIAMI, FL 33015		TITLE	P		TITLE	P		NAME	MARTINEZ, JOHN JAIRO		NAME	Martinez John Jairo		STREET ADDRESS	5308 SW 133 AVE		STREET ADDRESS	20068 NW 85 AVE		CITY-ST-ZIP	HOLLYWOOD, FL 33027		CITY-ST-ZIP	MIAMI, FL 33015		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u><i>Maivel Arocha</i></u> PRESIDENT 04/14/04 305-3327086 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													

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