2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90303 033 ***150.00

Daytime Phone #

DOCUMENT # P00000026828 1. Entity Name J.J. CARPET & GENERAL SERVICES, INC.				04-19-2004 90303 033 ***150.00			
Principal Plac 5308 SW 13 MIRAMAR, FL	3 AVE	Mailing Address 5308 SW 133 AVE MIRAMAR, FL 33027			იკიძმ[ქე)	,
2. Principal P	tace of Business BNW 85 AVENUE	3. Mailing Address	0002				
Suite, Apt.		Suite, Apt. #, etc.		04012004 Cr	ig-P CR2E	034 (10/03)	
City & State		City & State Hiclech, F	- レ	4. FEI Number 65-0991023		<u> </u>	plied For t Applicable
33015	Country USA 6.: Name and Address of Current	Zip 33017	Country	5. Certificate of Statu	s Desired	\$8.75 Add Fee Required	
MARTINE 6901 NW 1 MIAMI, FL	Z, JOHN JAIRO 173 DRIVE, NO 202	tinz John Jai 20 (P.O. Box Number is Not Acceptable) B NW QS AVENE					
0.73		6 - 1 - 1		NAMI	FL		15
the obligat	e named entity submits this statement for tions of registered agent.	naetinz Joh		STERED AGE	TATE OF FIORIDA. TAM	14 04	and accept
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		5.00 May Be dded to Fees	\\\		
10.	OFFICERS AND		11.		SES TO OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTINEZ, JOHN JAIRO 5308 JOHN JARIO MIRAMAR, FL 33027	Delete	NAME YASTREET ADDRESS QC	etinz John. 063 NW 85	sairo Avenue	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME - STREET ADDRESS:		☐ Delete	TITLE NAME STREET ADDRESS			Change	Addition
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) of the cor	certify that the information supplied with fon this report or supplemental report is reporation or the receiver or trustee empor , or on an attachment with an andress,	wered to execute this report as	ne exemption stated in signature shall have the required by Chapter 6	Section 119.07(3)(i), Floric ne same legal effect as if n 607, Florida Statutes; and t	a Statutes. I further ce hade under oath; that I hat my name appears	ertify that the in am an officer in Block 10 or	iformation or director Block 11 if
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days The Phone #							