

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F81767

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: J & J POTTERY, PLANT & WICKER SHOP, INC.

**Current Principal Place of Business:**

C/O IRAIDA BORGES-VENEGAS  
4652 S.W. 72 AVENUE  
MIAMI, FL 331554516 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O IRAIDA BORGES-VENEGAS  
4702 SW 72ND AVENUE  
MIAMI, FL 331554516 US

**New Mailing Address:**

FEI Number: 59-2379161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BORGES-VENEGAS, IRAIDA  
16020 SW 42 TERRACE  
MIAMI, FL 33185 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: BORGES-VENEGAS, IRAIDA  
Address: 16020 SW 42 TERR  
City-St-Zip: MIAMI, FL 33185

Title: VD ( ) Delete  
Name: PAEZ, JANET  
Address: 15790 SW 42 TERR  
City-St-Zip: MIAMI, FL 33185

Title: VDS ( ) Delete  
Name: PENA, JACQUELINE  
Address: 3821 SW 140 COURT  
City-St-Zip: MIAMI, FL 331750000

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRAIDA BORGES-VENEGAS

PTSD

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date