

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90126 030 \*\*\*158.75

DOCUMENT # F81767 ✓  
 1. Entity Name  
**J & J POTTERY, PLANT & WICKER SHOP, INC. ✓**



Principal Place of Business Mailing Address  
**C/O IRAIDA BORGES-VENEGAS** **C/O IRAIDA BORGES-VENEGAS**  
**4652 S.W. 72 AVENUE** **4702 SW 72ND AVENUE**  
**MIAMI FL 33155-4516** **MIAMI FL 33155-4516**  
**US** **US**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address  
*c/o Janette Paez* *c/o Janette Paez*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**4652 SW 72 Ave** **4702 SW 72nd Ave**

City & State City & State  
**Miami FL** **Miami FL**  
 Zip Zip Country Country  
**33155-4516** **33155-4516** **US** **US**

4. FEI Number **59-2379161** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BORGES-VENEGAS, IRAIDA**  
**16020 SW 42 TERRACE**  
**MIAMI FL 33185**

7. Name and Address of New Registered Agent  
 Name **Janette Paez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15790 SW 42 Terr**  
 City **Miami** FL Zip Code **33185**

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 *Janette Paez* DATE **4/27/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTSD	<input checked="" type="checkbox"/> Delete
NAME	BORGES-VENEGAS, IRAIDA	
STREET ADDRESS	16020 SW 42 TERR	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PAEZ, JANET	
STREET ADDRESS	15790 SW 42 TERR	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	VDS	<input checked="" type="checkbox"/> Delete
NAME	PENA, JACQUELINE	
STREET ADDRESS	3821 SW 140 COURT	
CITY-ST-ZIP	MIAMI FL 33175-0000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D/P/S</b> <b>Janette Paez</b>	
STREET ADDRESS	<b>15790 SW 42 Terr</b>	
CITY-ST-ZIP	<b>Miami FL 33185</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Janette Paez* DATE: **4/27/05** (305) 666-7503  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #