

# 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

C/O IRAIDA BORGES-VENEGAS  
4652 S.W. 72 AVENUE  
MIAMI FL 33155-4516  
US

Mailing Address

C/O IRAIDA BORGES-VENEGAS  
4702 SW 72ND AVENUE  
MIAMI FL 33155-4516  
US



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

*C/O Janette Paez*  
Suite, Apt. #, etc.  
*4652 SW 72 Ave*

3. Mailing Address

*C/O Janette Paez*  
Suite, Apt. #, etc.  
*4702 SW 72nd Ave*

City & State

*Miami FL*

City & State

*Miami FL*

Zip

*33155-4516*

Country

*US*

Zip

*33155-4516*

Country

*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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

*4/27/05*

**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* ☒ Delete  
NAME *BORGES-VENEGAS, IRAIDA*  
STREET ADDRESS *16020 SW 42 TERR*  
CITY-ST-ZIP *MIAMI FL 33185*

TITLE *VD* ☒ Delete  
NAME *PAEZ, JANET*  
STREET ADDRESS *15790 SW 42 TERR*  
CITY-ST-ZIP *MIAMI FL 33185*

TITLE *VDS* ☒ Delete  
NAME *PENA, JACQUELINE*  
STREET ADDRESS *3821 SW 140 COURT*  
CITY-ST-ZIP *MIAMI FL 33175-0000*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *D/P/S* ☒ Change ☐ Addition  
NAME *Janette Paez*  
STREET ADDRESS *15790 SW 42 Terr*  
CITY-ST-ZIP *Miami FL 33185*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/27/05 (305) 666-7503*