

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90232 016 \*\*\*150.00

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02212006 Chg-P CR2E034 (11/05)

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # P00000026828</b><br>1. Entity Name<br><b>J.J. CARPET &amp; GENERAL SERVICES, INC.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>19503 S.W. 55 STREET<br/>MIRAMAR, FL 33029</b>   |  |   | Mailing Address<br><b>P.O. BOX 170002<br/>HIALEAH, FL 33017</b> |  |  |
| 2. Principal Place of Business<br><b>SAME</b>  |  | 3. Mailing Address<br><b>SAME</b>   |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |  |  |
| City & State   |  | City & State  |   | 4. FEI Number<br><b>65-0991023</b>   |  |
| Zip  |  | Country<br><b>USA</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MARTINEZ, JOHN JAIRO<br/>14503 S.W. 55 STREET<br/>MIRAMAR, FL 33029</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>MARTINEZ JOHN JAIRO</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>14503 SW 55 STREET</b><br><b>MIRAMAR, FL 33029</b><br>City <b>FL</b> Zip Code |  |
| 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 <b>[Signature]</b>   |  | Signature, typed or printed name of registered agent and title if applicable<br><b>John J. Martinez</b>             |   | (NOTE: Registered Agent signature required when reinstating)<br><b>REGISTERED AGENT 02/21/06</b>   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>    |  |  |
| TITLE  | <b>P</b> <input type="checkbox"/> Delete<br><b>MARTINEZ, JOHN JAIRO</b>      |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>MARTINEZ, JOHN JAIRO</b>  |   | NAME  |  |  |
| STREET ADDRESS   | <b>19503 S.W. 55 STREET</b>  |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | <b>MIRAMAR, FL 33029</b>   |   | CITY-ST-ZIP   |  |  |
| TITLE  | <b>VP</b> <input type="checkbox"/> Delete<br><b>Aracha - Martinez Maivel</b> |   | TITLE   | <b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME   | <b>Aracha - Martinez Maivel</b>  |   | NAME  | <b>Aracha - Martinez Maivel</b>  |  |
| STREET ADDRESS   | <b>19503 SW 55 Street</b>  |   | STREET ADDRESS  | <b>19503 SW 55 Street</b>  |  |
| CITY-ST-ZIP  | <b>MIRAMAR, FL 33029</b>   |   | CITY-ST-ZIP   | <b>MIRAMAR, FL 33029</b>   |  |
| TITLE  | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |  |   | NAME  |  |  |
| STREET ADDRESS   |  |   | STREET ADDRESS  |  |  |
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| 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   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>[Signature]</b>  |  | Signature and Typed or Printed Name of Signing Officer or Director<br><b>John J Martinez</b>                        |   | Date <b>02/21/06</b> Daytime Phone # <b>305-5130101</b>  |  |