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Apr 24, 2006 8:00 am
Secretary of State
03-16-2006 90223 045 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000031113

1. Entity Name
J & J PAINTING CORP.

66U11455

Principal Place of Business
~~19503 SW 55 ST~~
~~MIRAMAR, FL 33029~~

Mailing Address
~~19503 SW 55 ST~~
~~MIRAMAR, FL 33027~~

02212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: ~~SAME~~ 2271 W 80 Street
Suite, Apt. #, etc.: A16
City & State: Hialeah FL
Zip: 33016 Country: USA

3. Mailing Address: ~~SAME~~ P.O. Box
Suite, Apt. #, etc.: 170002
City & State: Hialeah, FL
Zip: 33017 Country: USA

4. FEI Number: 65-0829912 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTINEZ, JOHN J
PO BOX 170002
HIALEAH, FL 33017

7. Name and Address of New Registered Agent
Name: JOHN J. MARTINEZ
Street Address (P.O. Box Number is Not Acceptable): 19503 SW 55 ST
City: MIRAMAR FL Zip Code: 33029

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] John J Martinez Registered Agent DATE: 02/21/06
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, 2006 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARTINEZ, JOHN J PO BOX 170002 HIALEAH, FL 33017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Arocha-Martinez Maivel 19503 SW 55 st. Miramar, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Arocha-Martinez Maivel 19503 SW 55 st. Miramar, FL 33027	☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] John J Martinez 02/21/06 305-5130101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #