

DOCUMENT # F81767


### 1. Entity Name

J & J POTTERY, PLANT & WICKER SHOP, INC.



**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90020 023 \*\*\*158.75

Principal Place of Business		Mailing Address			
C/O JANET PAEZ 4652 SW 72 AVE MIAMI FL 33155-4516 US		C/O JANET PAEZ 4652 SW 72 AVE MIAMI FL 33155-4516 US			
2. Principal Place of Business - No P.O. Box # <i>c/o Janette Paez</i>		3. Mailing Address <i>c/o Janette Paez</i>		1st MOORE      CR2E034 (10/07)	
Suite, Apt. #, etc. <i>4702 SW 72 AVE</i>		Suite, Apt. #, etc. <i>4702 SW 72 AVE</i>			
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>		4. FEI Number <b>59-2379161</b>	
Zip      Country <i>33155-4516      US</i>		Zip      Country <i>33155-4516      US</i>		Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PAEZ, JANETTE 15790 SW 42 TERR MIAMI FL 33185				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State      Zip Code <b>FL</b>	
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 <i>X</i> <small>Signature, typed or printed name of registered agent and title, if applicable.</small> <small>(NOTE: Registered Agent signature required when reconstituting)</small> <small>DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAEZ, JANETTE		NAME		
STREET ADDRESS	15790 SW 42 TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33185		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VENEGAS, IRAIDA		NAME		
STREET ADDRESS	4652 SW 72 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155-4516		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		
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		
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 Section 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: <i>Janette Paez</i>			4/15/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Daytime Phone #		