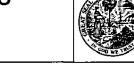
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P98000031113 DOCUMENT

1. Entity Name J & J PAINTING CORP.



Principal Place of Business

2. Principal Place of Business

- Suite, Apt. #, etc.

City & State

Zip

CITY-ST-7IP

SAME

5308 SW 133 AVE HOLLYWOOD FL 33027 Mailing Address PO BOX 170002 HIALEAH FL 33017

Mailing Address

City & State

Zip

Suite. Apt. #. etc

FILED Jan 31, 2003 8:00 am **Secretary of State**

01-31-2003 90374 030 ***150.00

90014770	
CHECK HERE IF MAKING CHANGES	
4. FEI Number 65-0829912	Applied For Not Applicable
a. Cenilicale of Status Desired 1 1 1 7 =	3.75 Additional e Required
7. Name and Address of New Registered Age	ent
O. Box Number is Not Acceptable)	

AROCHA, MAIVEL 5308 SW 133 AVE HGLLYWOOD FL 33027 Street Address (P. City Zip Code

the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept The above named entity subm atement to

Country 1)<A

ne of registered agent and title if applicable

6. Name and Address of Current Registered Agent

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 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

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME AROCHA, MAIVEL NAME STREET ADDRESS 5308 SW 133 AVE STREET ADDRESS HOLLYWOOD FL 33027 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change MARTINEZ, JOHN JAIRO NAME NAME 5308 SW 133 AVE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33027 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

in this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information sp oplied wi indicated on this report or supplement tal report of the corporation or changed, or on an a with all other like empowered

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR ARINTED NAME OF