2007 FOR PROFIT CORPORATION

FILED Feb 08, 2007 08:00 AM

ANNUAL REFURI				Converted of Charles		
DOCUMENT # 346593 1. Entity Name J & M SCAFFOLDS OF FLORIDA, INC.			Secretary of State			
VE.	11050 NW 36 AVE.					
		CE	02012007 4. FEI Number 59-1263	No Chg-P C	CR2E034 (11/05) Applied For Not Applicable 8 \$8.75 Additional Fee Required	
NE L AVE. 3167	stered Agent				-	
of registered agent. alure, typed or printed name of registered agent and title NOW!!! FEE IS \$150.00	if applicable (NOTE Register 9. Election Campaign Fina	ed Agent signature required	(when reinstating)	, in the State of Florida	. I am familiar with, and accept	
<u> </u>	CTORS			U0000062 02/16/07-80	28317 0009-027 158.75	
	ENT # 346593 FOLDS OF FLORIDA, INC. Business VE. 7 US NOT WRITE II 3. Name and Address of Current Regis NE L AVE. 1167 Indeed entity submits this statement for the of registered agent. Incoving FEE IS \$150.00 1, 2007 Fee will be \$550.00 OFFICERS AND DIRE DS JERRA, RENE L PDS 050 NW 36 AVENUE	FOLDS OF FLORIDA, INC. Business Mailing Address VE. 11050 NW 36 AVE. NIJAMI, FL 33167 US NOT WRITE IN THIS SPA Name and Address of Current Registered Agent NE L AVE. 1167 The dentity submits this statement for the purpose of changing its register of registered agent. INOWIN FEE IS \$150.00 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS DS JERRA, RENE L PDS 050 NW 36 AVENUE AMI, FL 33167	FOLDS OF FLORIDA, INC. Business Mailing Address 11050 NW 36 AVE. MIAMI, FL 33167 US NOT WRITE IN THIS SPACE 3. Name and Address of Current Registered Agent NE L AVE. 1167 The dentity submits this statement for the purpose of changing its registered office of registered agent. NE L AVE. 1167 POTE Registered Agent sprawer required to the purpose of changing its registered Agent sprawer required of registered agent. So Name and Address of Current Registered Agent POTE Registered Agent sprawer required for registered agent and site if applicable PROTE Registered Agent sprawer required from the purpose of changing its registered Agent sprawer required for registered agent. So Now 18 Section Campaign Financing Trust Fund Contribution. OFFICIERS AND DIRECTORS DIS JURGRA, RENE L PDS 050 NW 36 AVENUE AMI, FL 33167	ENT # 346593 FOLDS OF FLORIDA, INC. Business Mailing Address 11050 NW 36 AVE. MAMI, FL 33167 US O NOT WRITE IN THIS SPACE 1. FEI Number 59-1263 5. Certificate of Space of Current Registered Agent NE L AVE. 1167 IN T IN T	FOLDS OF FLORIDA, INC. Business Mailing Address VE. 11050 NW 35 AVE. 7 US MAMM, FL 33167 US ONOT WRITE IN THIS SPACE 1. FEI Number 59-1263201 8. Certificate of Status Desired In THIS SPACE DO NOT WRITE IN THIS SPACE 1. AVE. 1187 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent NEL AVE. 1187 DO NOT WRITE IN THIS SPACE 1. DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE 1. Name and Address of Gurrent Registered Agent IN THIS SPACE DO NOT WRITE IN THIS SPACE 1. DO NOT WRITE IN THIS SPACE D	

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 ampowered to execute his 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> 305-953-6965 Daytime Phone #