2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F54741

FILED Apr 17, 2009 Secretary of State

Entity Name: J & R INTERIOR DESIGNERS, INC.

	V. 140 ST.	e of Business:	New Principal Plac	e of Business:
Current N	Mailing Addre	ss:	New Mailing Addre	ess:
1921 NW MIAMI, FL	129 TERR 33167			
FEI Numbei	r: 65-0059794	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
LEWIS, JE 1921 N.W MIAMI, FL	/. 129 TERR.			
The above		submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
	te of Florida.			
in the Stat	JRE:	nic Signature of Registered Age	ent	 Date
in the Stat SIGNATU	IRE: Electro	nic Signature of Registered Age	ent	Date
in the Stat SIGNATU Election Ca	IRE: Electro	ng Trust Fund Contribution ().		Date GES TO OFFICERS AND DIRECTORS
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	Electro mpaign Financin	ng Trust Fund Contribution (). CTORS:) Delete REY TERR.		
in the Stat SIGNATU Election Ca	Electro Electro Electro ES AND DIREC PD (LEWIS, JEFFF 1921 N.W. 128 MIAMI, FL 33	Trust Fund Contribution (). CTORS:) Delete REY OTERR. 167,) Delete E. OTERR.	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electro Electr	Trust Fund Contribution (). CTORS:) Delete REY 9 TERR. 167,) Delete E. 9 TERR. 167,) Delete D. TERR.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY LEWIS PD 04/17/2009