2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 08, 2006 8:00 am Secretary of State 05-08-2006 90269 046 ***150.00 DOCUMENT # P00000051156 J AND JL PAINTING, CORP. 40086455 Principal Place of Business Mailing Address 5500 SW 77 CT 5500 SW 77 CT 301 MIAMI, FL 33155 MIAMI, FL 33155 2. Principal Place of Business 3. Mailing Address 5500 SW 77CT 5500 SW 77CT Suite, Apt. #, etc. **102** Suite, Apt. #, etc. 102 04282006 CR2E034 (11/05) City & State City & State Applied For 4 FEI Number MIQMI, FL MIami, FL 65-1012087 Not Applicable Country Country \$8.75 Additional **33155** 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, HENRY Street Address (P.O. Box Number is Not Acceptable) 5500 SW 77 CT 301 MIAMI, FL 33155 5500 SW 77 CT Zip Code 35 155 8. The above named entity sub state) nent 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 registers CA 20.06 SIGNATURE_ Signature typed gistered age: and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTS 1:11.5 TITLE ☐ Defete **Change** ☐ Addition HERNANDEZ, HENRY NAME NAME STREET ADDRESS 5500 SW 77 CT 5500 SW 77 CT STREET ADDRESS CITY ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP MIQMI. FL 33155 THE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 1111.6 ☐ Delete TITLE □ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-7IP . ITE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: HENRY HERNONDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED