2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 08, 2005 08:00 AM Secretary of State DOCUMENT # P01000103320 JAM PAINTING & PAPER HANGING, INC. Principal Place of Business _* Mailing Address 20849 SAILFISH LANE 20849 SAILFISH LANE MIAMI, FL 33189 MIAMI, FL 33189 No Chg-P CR2E034 (10/03) 04052005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0553778 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent URIBE, MARCO A DO NOT WRITE 20849 SAILFISH LANE MIAMI, FL 33189 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE URIBE, MARCO A NAME STREET ADDRESS 20849 SAILFISH LANE CITY-ST-ZIP MIAMI, FL 33189 U00000294411 04/08/05-80067-024 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Date

th all other like empowered.

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED