2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State

05-04-2004 90209 020 ***150.00

DOCUMENT	#	P01000	104873
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1. Entity Name

J R FLORIDA PAINTING CORP



Principal Place of Business

ace of Business

8368 SW 152 AVE #37 MIAMI, FL 33193 Mailing Address

8368 SW 152 AVE #37 MIAMI, FL 33193 44044131



DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CF

CR2E034 (10/03)

4. FEI Number 65-1149081 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, JUAN F 8368 SW 152 AVE #37 MIAMI, FL 33193

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entiry submits this statement for the points of registered agent.	ourpose of changing its	s registered office or	registered agent, or bo	th, in the State of Flo	orida. I am familiar with, a	nd accept
SIGNATURE_							
	Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered			d Agent signature required when reinstating) DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees			
10.g* pt/*	OFFICERS AND DIREC	CTORS					" :
NAME STREET ADDRESS CITY-ST-ZIP	D , HERNANDEZ, JUAN 8368 SW 152 AVE #37 MIAMI, FL 33193					•	
NAME STREET ADDRESS CITY-ST-ZIP	D SOZA, ROBERTO 8368 SW 152 AVE., #37 MIAMI, FL 33193						: : :
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SF	PACE	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1.1		•	· .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•			

12. I hereby certify that the information supplied with this filing 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 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 attaching it with a ddress, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04

2952335

Daytime Phone #