

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90233 025 \*\*\*150.00

<b>DOCUMENT # P01000104873</b> 1. Entity Name <b>J R FLORIDA PAINTING CORP</b>					
Principal Place of Business <b>8368 SW 152 AVE #37</b> <b>MIAMI, FL 33193</b>			Mailing Address <b>8368 SW 152 AVE #37</b> <b>MIAMI, FL 33193</b>		
2. Principal Place of Business <b>14319 SW 139 COURT</b> Suite, Apt. #, etc.		3. Mailing Address <b>14319 SW 139 COURT</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>65-1149081</b>	
Zip <b>33186</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33186</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent <b>HERNANDEZ, JUAN F</b> <b>8368 SW 152 AVE #37</b> <b>MIAMI, FL 33193</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code		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 <b>JUAN F. HERNANDEZ, DIRECTOR</b> <i>[Signature]</i> <b>04-18-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent must be reappointed when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HERNANDEZ, JUAN</b> <input type="checkbox"/> Delete <b>8368 SW 152 AVE #37</b> <b>MIAMI, FL 33193</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>15824 SW 82 STREET</b> <b>MIAMI, FL 33193</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SOZA, ROBERTO</b> <input type="checkbox"/> Delete <b>8368 SW 152 AVE., #37</b> <b>MIAMI, FL 33193</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 attachment with an address, with all other like empowered.					
SIGNATURE: <b>JUAN F. HERNANDEZ</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>04-18-05</b> <b>305-387-2555</b> <small>Date Daytime Phone #</small>		