

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000021702

1. Entity Name  
J.R.C. PAINTING CORPORATION



Principal Place of Business  
40 NW 32ND AVE.  
MIAMI, FL 33125-4905

Mailing Address  
40 NW 32ND AVE.  
APARTMENT #4  
MIAMI, FL 33125-4905



04282005 No Chg-P CR2E034 (10/03)

4. FET Number  
02-0559382

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

RODRIGUEZ, JULIAN  
3180 S.W. 17TH STREET  
APARTMENT #4  
MIAMI, FL D3145

**DO NOT WRITE  
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) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RODRIGUEZ, JULIAN
STREET ADDRESS	3180 S.W. 17TH STREET, APT. #4
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	CABRERA, JOSE R
STREET ADDRESS	1351 S.W. 1ST TERRACE
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000352013  
05/03/05-80010-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05  
Date

Daytime Phone #