2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000044006

1. Entity Name

J AND J PRODUCTS HOME FURNITURE DESIGN CORP.



Mailing Address

3655 WEST 16TH AVENUE, #27 HIALEAH, FL 33012

Principal Place of Business

3655 WEST 16TH AVENUE, #27 HIALEAH, FL 33012

FILED May 04, 2006 8:00 am Secretary of State

05-04-2006 90201 020 ***150.00



DO NOT WRITE IN THIS SPACE

05012006	No Chg-P	CR2E034 (11/05)		
4. FEI Number			Applied For	
04-3651	159		Not Applicable	
5. Certificate of	of Status Desired	\$8.75 Additional		

Fee Required

Daytime Phone 6

6. Name and Address of Current Registered Agent

IZGUIERDO, JESUS 3655 WEST 16TH AVENUE, #27 HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
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, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.		ing 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IZGUIERDO, JESUS 12691 NW 9 WAY MIAMI, FL 33182					
NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, JORGE L 17830 NW 66TH COURT MIAMI, FL 33015					
TITLE NAME STREET ADDRESS CHTY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 receiverpor 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.						