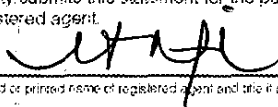
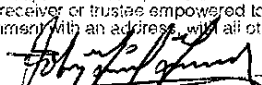


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90002 018 ***150.00

DOCUMENT # P02000091598					
1. Entity Name J & M PAINTING UNLIMITED, INC.					
Principal Place of Business 2239 N.W. 75TH AVE. MARGATE, FL 33063			Mailing Address 2239 N.W. 75TH AVE. MARGATE, FL 33063		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NOFIL INVESTMENTS, INC. 2011 SOUTH PERIMETER ROAD SUITE C FORT LAUDERDALE, FL 33309				Name NOFIL INVESTMENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 5544 NW 23 AVENUE HANGAR 15 FORT LAUDERDALE City FL 33309	
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 				DATE 7/27/04	
(Signature, typed or printed name of registered agent and title if applicable.)				(NOTE: Registered Agent signature required when re-registering.)	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ANDRAE, JOHN M 2239 NW 75TH AVENUE MARGATE, FL 33063		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	☐ Change ☐ 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: 				08/02/04. (954) 972-3627	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				(Date)	