

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90281 031 \*\*\*150.00

20041820



04142005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000019142			
1. Entity Name J & P FLOOR & WALL DESIGN CORP.			
Principal Place of Business <del>19436 NW 83 PL HIALEAH, FL 33015</del>		Mailing Address <del>19436 NW 83 PL HIALEAH, FL 33015</del>	
2. Principal Place of Business 5035 Palm Ave Suite, Apt. #, etc.		3. Mailing Address 5035 Palm Ave Suite, Apt. #, etc.	
City & State Hialeah - FL		City & State Hialeah - FL	
4. FEI Number 33-1046475	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <del>MENA, PEDRO J 19436 NW 83 PL HIALEAH, FL 33015</del>		7. Name and Address of New Registered Agent Name: Jorge Tubella Street Address (P.O. Box Number is Not Acceptable): 5035 Palm Ave City: Hialeah FL Zip Code: 33012	
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: <i>Jorge Tubella</i>		DATE: 4/15/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: TUBELLA, JORGE G STREET ADDRESS: 19436 NW 83 PL CITY-ST-ZIP: HIALEAH, FL 33015	<input type="checkbox"/> Delete	TITLE: P NAME: Tubella, Jorge G. STREET ADDRESS: 5035 Palm Ave CITY-ST-ZIP: Hialeah FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPS NAME: MENA, PEDRO J STREET ADDRESS: 19436 NW 83 PL CITY-ST-ZIP: HIALEAH, FL 33015	<input checked="" type="checkbox"/> Delete	TITLE: VPS NAME: Tubella, Bertna C. STREET ADDRESS: 5035 Palm Ave CITY-ST-ZIP: Hialeah, FL 33012	<input type="checkbox"/> Change <input checked="" 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
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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: <i>Jorge Tubella</i>		DATE: 4/15/05 (305) 558-5284	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	