

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

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04142005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000019142</b> 1. Entity Name <b>J &amp; P FLOOR &amp; WALL DESIGN CORP.</b>					
Principal Place of Business <b>19436 NW 83 PL HIALEAH, FL 33015</b>		Mailing Address <b>19436 NW 83 PL HIALEAH, FL 33015</b>			
2. Principal Place of Business <b>5035 Palm Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>5035 Palm Ave</b> Suite, Apt. #, etc.			
City & State <b>Hialeah - FL</b>		City & State <b>Hialeah - FL</b>		4. FEI Number <b>33-1046475</b>	
Zip <b>33012</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MENA, PEDRO J 19436 NW 83 PL HIALEAH, FL 33015</b>			7. Name and Address of New Registered Agent Name <b>Jorge Tubella</b> Street Address (P.O. Box Number is Not Acceptable) <b>5035 Palm Ave</b> City <b>Hialeah</b> FL Zip Code <b>33012</b>		
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>X</b> <span style="float: right;">4/15/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TUBELLA, JORGE G 19436 NW 83 PL HIALEAH, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Tubella, Jorge G. 5035 Palm Ave Hialeah FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS MENA, PEDRO J 19436 NW 83 PL HIALEAH, FL 33015	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS Tubella, Bertha C. 5035 Palm Ave Hialeah, FL 33012
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	
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>X</b> <span style="font-family: cursive; font-size: 1.2em;">Jorge Tubella</span>			4/15/05 (305) 558-5284		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		