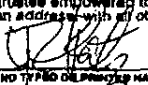


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000035572</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |                                      |
| 1. Entity Name<br>J.R. FLOORS CONSTRUCTION MASTER, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                                                                       |
| Principal Place of Business<br>1172 CALANDA AVE<br>ORLANDO, FL 32807                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   | Mailing Address<br>1172 CALANDA AVE<br>ORLANDO, FL 32807                                                              |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                                                       |
| 6. Name and Address of Current Registered Agent<br><br>GONZALEZ, JUAN C<br>1172 CALANDA AVE<br>ORLANDO, FL 32807                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   | 4. FEI Number<br><b>06-1693815</b>                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</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 _____ (NOTE: Registered Agent signature required when reissuing)<br>Signature, type or printed name of registered agent and this if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                                                                                       |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$850.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fee</b> |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   | U000000354393<br>05/03/05-80106-003 150.00<br><br><b>DO NOT WRITE IN THIS SPACE</b>                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DPTS<br>GONZALES, JUAN C<br>1172 CALANDA AVE<br>ORLANDO, FL 32807 |                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>RAIZA, RAMOS<br>1172 CALANDA AVE.<br>ORLANDO, FL 32807      |                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                                       |
| 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. |                                                                   |                                                                                                                       |
| <b>SIGNATURE:</b>  <b>RAIZA RAMOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   | 4-3005 407-281-0832<br>Date Daytime Phone #                                                                           |