

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90299 035 \*\*\*150.00

**DOCUMENT # P03000050351**

1. Entity Name

G&J PAINTING GROUP INC.



Principal Place of Business

11099 NW 7TH ST #201  
MIAMI FL 33172

Mailing Address

11099 NW 7TH ST #201  
MIAMI FL 33172

2. Principal Place of Business

13905 S.W. 25th Terr

3. Mailing Address

13905 S.W. 25th Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33175

Country

U.S.A.

Zip

33175

Country

4. FEI Number

43-201-8433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, GUSTAVO S  
11099 NW 7TH ST #201  
MIAMI FL 33172

ATT: New address  
listed above.

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME LOPEZ, GUSTAVO S  
STREET ADDRESS 11099 NW 7TH ST #201  
CITY-ST-ZIP MIAMI FL 33172  
*Address in the one above*

TITLE DVSANCHEZ ☐ Delete  
NAME SANCHEZ, REINALDO S  
STREET ADDRESS 11099 NW 7TH ST #201  
CITY-ST-ZIP MIAMI FL 33172  
*Address is the one above.*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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:

Gustavo S. Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

Date

(305) 962-2469

Daytime Phone #