2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 26, 2004 8:00 am Secretary of State DOCUMENT # P03000066484 03-26-2004 90008 033 ***150.00 1. Entity Name J & F INTERIOR, INC. Principal Place of Business Mailing Address 3 DESOTO LN 3 DESOTO LN 54022506 PORT ST LUCIE, FL 34952 PORT ST LUCIE, FL 34952 2. Principal Place of Business 3. Mailing Address 1030 MILITARY TRAIL SAM E Suite, Apt. #, etc. Suite, Apt. #, etc. 03152004 CR2E034 (10/03) Chg-P LOT City & State City & State 4. FEI Number Applied For JUPITER 20-00211 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Bass and Sandfort Accountants PA 4TH FLOOR 1301 West Garden Street MIAMI, FL 33145 Pensacola, FL 32501-4504 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agentaignature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD TITLE Delete TITLE Change JCHUSON, JIMMY JOHNSON, JIMMY NAME NAME 1030 MILITARY TRAIL LOT 113 STREET ADDRESS 3 DESOTO LN STREET ADDRESS JUPITER, FL 33458 PORT ST LUCIE, FL 34952 CITY-ST-ZIP CITY-ST-ZIP TITLE VSD TITLE Delete 2 Change Addition JOHNSON , VIRGINIA JOHNSON, VIRGINIA NAME NAME 1030 MILITARY TRAIL LOT 113 STREET ADDRESS 3 DESOTO LN STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE, FL 34952 CITY-ST-ZIP JUPITER PL 33458 TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS 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.

FILED