

2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-02-2006 90001 001 ***150.00

DOCUMENT # P03000119510 1. Entity Name JJCRPAINTING "INC"					
Principal Place of Business 8776 FOLEY ORLANDO, FL 32825			Mailing Address 8776 FOLEY ORLANDO, FL 32825		
2. Principal Place of Business 1081 lejay st <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1081 lejay st <small>Suite, Apt. #, etc.</small>		<div style="font-size: 1.2em; font-weight: bold;">66021009</div>	
City & State Orlando FL <small>Zip</small> 32825 <small>Country</small> Orange		City & State Orlando FL <small>Zip</small> 32825 <small>Country</small> Orange		4. FEI Number 76-0744302	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GUADAMUZ, JOSE SR. 8776 FOLEY ORLANDO, FL 32825			7. Name and Address of New Registered Agent Name JOSE Guadamuz SR. Street Address (P.O. Box Number is Not Acceptable) 1081 lejay st City Orl FL <small>Zip Code</small> 32825		
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: 5/27/06 <small>Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! FEE IS \$550.00 Due by September 6, 2006		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 NAME STREET ADDRESS CITY- ST- ZIP	P GUADAMUZ, JOSE SR. 8776 FOLEY ORLANDO, FL 32825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S CASTILLO, ISRAEL 249 AUTUMN BREEZE WAY WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V RIVERA, JOSE M 8776 FOLEY DR ORLANDO, FL 32825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 6/23/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					