2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P04000015744 1. Entity Name J&A FRAMING, INC			A Trans		05-02-2005 90540 032 ***150.00				
Principal Place of Business		Mailing Address			†		T004	0546	
129 HARSDALE DR.		129 HARSDALE DR.					2004	6519	}
WINTER GARDEN, FL 34787		WINTER GARDEN, FL 34787		•					
						ATTIL BIDIL DON'N BOIN DON			
2. Principal Place of Business		3. Mailing Address							
					8841 83811 88111 B.BILL BBLI				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282005	Chg-P	CR2E034	1 (10/03)	
City & State		City & State			4, FEI Numbe			IΔn	plied For
City & State	•	Gily d Oldio			30-0	670362	<u></u>		Applicable
Zip	Country	Zip	Country			of Status Desired		8.75 Add	• • •
			:				- F(e Required	
	6. Name and Address of Current I	Registered Agent		Vame	7. Name and	Address of New R	egistered Ag	ent	
BERNALES, JORGE				чаню					
129 HARSDALE DR.				Street Address (P.O. Box Number is Not Acceptable)					
WINTER GARDEN, FL 34787			<u> </u>						
			_						
			۱ '	City			FL	Zip Code	}
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registered (office or registe	red agent, or bot	h, in the State of Flo	rida. I am far	niliar with,	and accept
SIGNATURE									
	Signature, typed or printed name of registered agent a	nd title if epplicable. (NOTE:	: Registered Ag	ent signature require	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaiç Trust Fund Contri		ng \$5 \(\sum \) Add	.00 May Be ded to Fees				
10.	OFFICERS AND	······································	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	DIRECTORS	IN 11
TITLE	P DEDNALTE JODOF	Delete III					[Change	Addition
NAME STREET ADDRESS	BERNALES, JORGE			JDDRESS				ئى د	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CITY-ST-ZiP			CITY-ST-	1				<i>;</i>	
TITLE			TITLE					Change	☐ Addition
NAME	BERNALES, JUAN M		NAME	ļ			•		
STREET ADDRESS	129 HARSDALE DR.		STREET A						
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-	- ZiP		-		-	
TITLE	T LEODADDO	☐ Delete	TITLE				[Change	Addition
NAME Street address	GONZALEZ, LEOBARDO 129 HARSDALE DR.		NAME Street a	nnorce					
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-						
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME			NAME	Ì			•		_
STREET ADDRESS			STREET A						
CITY-ST-ZIP			CITY-ST-	- ZIP					<u> </u>
TITLE NAME		☐ Delete	11TLE NAME				{	Change	Addition
STREET ADDRESS			STREET A	NOORESS					
CITY-ST-ZIP			CITY-ST-						
TITLE		☐ Delete	TITLE		***		 [Change	Addition
NAME			NAME	1			•		
STREET ADDRESS			STREET A						
CITY-ST-ZIP	<u> </u>		CITY-ST-						
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that m	the exemp	stion stated in S e shall have the	ection 119.07(3)(same legal effec	i), Florida Statutes. It as if made under (I further certif	y that the ir n an officer	iformation or director

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:

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #