


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90848 023 ***150.00

DOCUMENT # P04000018219		
1. Entity Name JMF TECHNOLOGY PAINTING, INC.		

Principal Place of Business 16971 S.W 92 CT MIAMI, FL 33157	Mailing Address 16971 S.W 92 CT MIAMI, FL 33157
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2. Principal Place of Business - No P.O. Box # <i>16971 S.W 92 CT</i>	3. Mailing Address <i>16971 S.W 92 CT</i>
Suite, Apt. #, etc. <i>MIAMI FL</i>	Suite, Apt. #, etc.

City & State <i>MIAMI FL</i>	City & State <i>MIAMI FL</i>
Zip <i>33157</i>	Country <i>Dade-County</i>

40093310



04242007 Chg-P CR2E034 (12/06)

4. FEI Number 32-0110408	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLORES, MEDARDO 16971 S. W 92 CT MIAMI, FL 33157	
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7. Name and Address of New Registered Agent	
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 <i>[Signature]</i>	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLORES, MEDARDO 16971 S.W 92 CT MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> Medardo Flores	Date <i>4-27-07</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #