

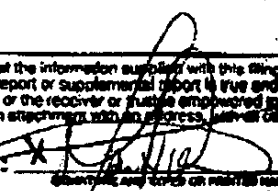
4-05-2006 8:22AM

FROM

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90083 042 ***150.00

DOCUMENT # P04000021497					
1. Entity Name J & M FENCE AND DESIGN, INC.					
Principal Place of Business 1044 E 29 STREET HIALEAH, FL 33193			Mailing Address 1044 E 29 STREET HIALEAH, FL 33193		
2. Principal Place of Business 1044 East 29 St Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Hialeah, FL Zip 33013 Country US			City & State Zip Country		
4. FEI Number 30-0233789			Applied For Not Applicable		
5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required			6. Certificate of Status Desired ☐ \$0.75 Additional Fee Required		
8. Name and Address of Current Registered Agent DELPuerto, JOSE 1044 E 29 STREET HIALEAH, FL 33013			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
9. 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 _____ DATE _____ Signature, typed or printed name of registered agent and the filer (if applicable) (NOTE: Registered Agent signature required when replacing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DELPuerto, JOSE		NAME		
STREET ADDRESS	1044 E 29 STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33013		CITY-ST-ZIP		
TITLE	BD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DELPuerto, MARIA		NAME		
STREET ADDRESS	1044 E 29 STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33013		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			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 as changed, or on an attachment with an address, unless otherwise empowered.					
SIGNATURE 			Date _____		