

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90084 030 \*\*\*150.00

**DOCUMENT # P04000127833**

1. Entity Name  
**J & G PAINTING HOME SERVICES, CORP**



Principal Place of Business  
**1700 SW 47 AV  
FORT LAUDERDALE, FL 33317**

Mailing Address  
**1700 SW 47 AV  
FORT LAUDERDALE, FL 33317**

**50008521**



01242005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1594804** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**AZOY-EE-ATA, EDUARDO A  
871 W OAKLAND PARK BLVD  
SUITE 302  
OAKLAND PARK, FL 33311**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Delete  
NAME **BRITO, JORGE**  
STREET ADDRESS **1700 SW 47 AV**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33317**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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NAME  
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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/05 (954) 2889299**

Date

Daytime Phone #