FILED
Jun 03, 2005 8:00 am
Secretary of State

04-25-2005 90295 011 ***150.00

4/25

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000132629

1. Entity Name
JC CORNEJO PAINTING INC

Principal Place of Business	Mailing Address
6242 HIALIAH ST ORLANDO, FL 32808 US	6242 HIALIAH ST ORLANDO, FL 32808 US

66021105

04202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
36 SOUTH PARK AVE		36 SOUTH PARK AVE	
Suite, Apt. #, etc. APT 307		Suite, Apt. #, etc. APT 307	
City & State WINTER GARDEN FL		City & State WINTER GARDEN FL	
Zip 34787	Country USA	Zip 34787	Country USA

4. FEI Number 20-1647464 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KABA CONSULTING INC 1307 RAIN FOREST LN MINNEOLA, FL 34715	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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P CORNEJO, JOSE C 6242 HIALIAH ST ORLANDO, FL 32808	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORNEJO, JOSE C. 36 SOUTH PARK AVE APT 307 WINTER GARDEN FL 34787	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Jose C. Cornejo 04-20-05 (321) 228 1417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #