

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142025

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: J & J FLOOR AND SERVICES, CORP.

## Current Principal Place of Business:

200 NW 43RD COURT  
POMPANO BEACH, FL 33064

## New Principal Place of Business:

4928 CYPRESS LANE  
COCONUT CREEK, FL 33073

## Current Mailing Address:

200 NW 43RD COURT  
POMPANO BEACH, FL 33064

## New Mailing Address:

4928 CYPRESS LANE  
COCONUT CREEK, FL 33073

FEI Number: 20-1744484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BEACH, FL 33064 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AGOSTINI, JEOVANE  
Address: 200 NW 43RD COURT  
City-St-Zip: POMPAN0 BEACH, FL 33064

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: AGOSTINI, JEOVANE  
Address: 4928 CYPRESS LANE  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEOVANE AGOSTINI

P

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date