

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90283 001 ***150.00
02-12-2007 90283 002 *****8.75

DOCUMENT # P04000146666	
1. Entity Name J & J PAINT CORPORATION	

Principal Place of Business 6950 WEST 6 AVE. APT 217 HIALEAH, FL 33014	Mailing Address 1900 WIREGLASS CT ORLANDO, FL 32826
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66001215



2. Principal Place of Business - No P.O. Box # 6950 West 6 Ave.	3. Mailing Address 6950 West 6 Ave.
Subs. Apt. #, etc. Apt 217	Subs. Apt. #, etc. Apt 217
City & State Hialeah FL.	City & State Hialeah FL.
Zip 33014	Country

02082007 Chg-P CR2E034 (12/06)

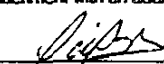
6. Name and Address of Current Registered Agent SANCHEZ, JOSE 6950 WEST 6 AVE. APT 217 HIALEAH, FL 33014	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	☒ Delete	TITLE	☒ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
SANCHEZ, JOSE		SANCHEZ, JOSE	
1900 WIREGRASS CT		6950 West 6 Ave Apt 217	
ORLANDO, FL 32826		HIALEAH FL, 33014	
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	
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 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	02/07/07 786-229-0148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #