2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 JUN -2 AM 10: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/17/06 90417 003 $150.00

DOCUMENT # P04000153455

1. Entity Name
J L REMODELING DESIGN, INC.

Principal Place of Business	Mailing Address
1401 BROOK HOLLOW DR. ORLANDO, FL 32824-6303	1401 BROOK HOLLOW DR. ORLANDO, FL 32824-6303

04132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 41-2166074 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, LIMARIE
1401 BROOK HOLLOW DR.
ORLANDO, FL 32824-6303

7. Name and Address of New Registered Agent

Name: Jose Torres
Street Address (P.O. Box Number is Not Acceptable): 2239 Santa Lucia st
City: Kissimmee FL Zip Code: 34743

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: José Torres (Signature, typed or printed name of registered agent and title if applicable) Jose Torres (NOTE: Registered agent signature required when reinstating) DATE: 4-12-06

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	PD MARTINEZ, LIMARIE 1401 BROOK HOLLOW DR. ORLANDO, FL 328246303	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TORRES, JOSE 1401 BROOK HOLLOW DR. ORLANDO, FL 328246303	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Jose Torres 4-12-06
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)