

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90249 024 \*\*\*150.00

<b>DOCUMENT # P04000159738</b>					
<b>1. Entity Name</b> <b>O&amp;J PROFESSIONAL SERVICES INC</b>					
<b>Principal Place of Business</b> 782 NW 42 AVE SUITE 433 MIAMI, FL 33126			<b>Mailing Address</b> 782 NW 42 AVE SUITE 433 MIAMI, FL 33126		
<b>2. Principal Place of Business</b> 782 NW 42 AVE # 2		<b>3. Mailing Address</b> 782 NW 42 AVE # 2			
Suite, Apt. #, etc. 2		Suite, Apt. #, etc. 2			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33126	Country U.S.A	Zip 33126	Country U.S.A		
<b>6. Name and Address of Current Registered Agent</b>  MARTINEZ, OSVALDO 6046 SW 127 AVE MIAMI, FL 33183			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
<b>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.</b>  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEMBIELA, JOAQUIN <input checked="" type="checkbox"/> Delete 3260 SW 134 AVE MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEZ, OSVALDO <input type="checkbox"/> Delete 6046 SW 127 CT MIAMI, FL 33183		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,V,T,S OSVALDO MARTINEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6046 SW 127 CT MIAMI FL 33183	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEMBIELA, MARTA <input checked="" type="checkbox"/> Delete 3260 SW 134 AVE MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, OSVALDO <input checked="" type="checkbox"/> Delete 3260 SW 134 AVE MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Osvaldo Martinez, Osvaldo Martinez, President 4/20/05 (305) 446-4006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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4. FEI Number 11-3734459 Applied For ☐ Not Applicable ☐

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