


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90056 001 ***150.00

DOCUMENT # P04000163646 1. Entity Name JOE'S WALLPAPERING INC.					
Principal Place of Business 4325 SW 13TH ST MIAMI, FL 33134			Mailing Address 4325 SW 13TH ST MIAMI, FL 33134		
2. Principal Place of Business 1598 S IROQUOIS AVE Suite, Apt. #, etc.		3. Mailing Address 1598 S IROQUOIS AVE Suite, Apt. #, etc.			
City & State HOMOSASSA, FL		City & State HOMOSASSA, FL		4. FEI Number 16-1711891	
Zip 34448		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRERA, JOSE L 4325 SW 13TH ST MIAMI, FL 33134				7. Name and Address of New Registered Agent Name BARRERA, JOSE L Street Address (P.O. Box Number is Not Acceptable) 1598 S IROQUOIS AVE City HOMOSASSA FL Zip Code 34448	
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: <u><i>Jose L Barrera</i></u> 2/15/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE MR. <input checked="" type="checkbox"/> Delete NAME BARRERA, JOSE L STREET ADDRESS 4325 SW 13 STREET CITY-ST-ZIP MIAMI, FL 33134			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE MR. <input type="checkbox"/> Delete NAME BARRERA, JOSE L STREET ADDRESS 1598 S IROQUOIS AVE CITY-ST-ZIP HOMOSASSA, FL 34448			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u><i>Jose L Barrera</i></u> 2/15/06 352-795-6296 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					