

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-13-2006 90082 010 ***150.00

DOCUMENT # P05000056242					
1. Entity Name JAY & JAY QUALITY, INC					
Principal Place of Business 3465 SW 25 STREET MIAMI, FL 33133			Mailing Address 3465 SW 25 STREET MIAMI, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		03062006 Chg-P CR2E034 (11/05)
4. FEI Number 20-2688490				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDRADE, JESUS A 3465 SW 25 STREET MIAMI, FL 33133			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</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 P	NAME ANDRADE, JESUS A <input type="checkbox"/> Delete		TITLE Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS 3465 SW 25 STREET	CITY-ST-ZIP MIAMI, FL 33133		STREET ADDRESS	CITY-ST-ZIP	
TITLE VP	NAME GARCIA, JOSE <input checked="" type="checkbox"/> Delete		TITLE Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS 2825 SW 32 COURT	CITY-ST-ZIP MIAMI, FL 33133		STREET ADDRESS	CITY-ST-ZIP	
TITLE Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		
TITLE Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		
TITLE Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		
TITLE Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		
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: <i>[Signature]</i>			03-08-06 (786) 302-6262		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					