

03-01-2006 90017 009 ***150.00

DOCUMENT # P05000084361

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[illegible]02242008 Chg-P CR2ED34 (11/05)

4. FBI Number	Applied For
59-3837677	Not Applicable

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARAMILLO, ANDRES F
10023 BELLE RIVE BLV
213
JACKSONVILLE, FL 32256

Home _____
Street Address (P.O. Box Number is first acceptable) _____
City _____
State _____ 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.

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Exemptions, typed or printed matter (e.g., signatures, initials, etc.) and other markings are not acceptable.

THESE VOLUMES ARE THE PROPERTY OF THE NATIONAL ARCHIVES

DATE:

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing: ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME CITY-ST-ZIP	P. JARAMILLO, ANDRES F 10023 BELLE RIVE BLV JACKSONVILLE, FL 32256	☐ Delete	DATE STATE STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10023 BELLE RIVE BLV 213 JACKSONVILLE, FL 32256	☐ Delete	DATE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10023 BELLE RIVE BLV 213 JACKSONVILLE, FL 32256	☐ Delete	DATE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JARAMILLO, ANDRES F 10023 BELLE RIVE BLV JACKSONVILLE, FL 32256	☐ Delete	DATE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10023 BELLE RIVE BLV 213 JACKSONVILLE, FL 32256	☐ Delete	DATE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JARAMILLO, ANDRES F 10023 BELLE RIVE BLV JACKSONVILLE, FL 32256	☐ Delete	DATE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 is supplemental report is true and accurate and that my signature shall have the same legal effect as if I am the officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 567, Florida Statutes, and that my name appears in Block 10 or Block 11.

SIGNATURE

Andres F. Zamarrillo

02/25/0

904349 864



ATTACHMENT

66006861

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2006

JARAMILLO'S PAINTING INC.
10023 BELLE RIVE BLV
213
JACKSONVILLE, FL 32256

Subject: JARAMILLO'S PAINTING INC.

Reference Number: P05000084361

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION