## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 13, 2007 8:00 am Secretary of State

DOCUMENT # P06000149531  1. Entity Name  J.A.L. PAINTING, INC.										07 90178 (	033 ***15	0.00	
Principal Place of Business 5100 SOUTHWEST 64TH AVENUE, #308 DAVIE, FL 33314				Mailing Address 5100 SOUTHWEST 64TH AVENUE, #308 DAVIE, FL 33314				4000	yvv <b>∺</b>				
Principal Place of Business - No P.O. Box #													
Suite, Apt. #, etc.				Suite, Apt. #, etc.			(	14092007	Chg-P	CR2E	034 (12/06)		
City & State			Cit	City & State			4	FEI Numbe	30709	568		oplied For	
Zip	Country		Ziş	Zip Coun		try	5. Certificate of Status Desired				\$9.75 Additional		
6. Name and Address of Current Registered Agent  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145						Street Addres	<u>Tの9</u> iss (P.0	Box Number	er is Not Accepte	ez.	30%	e	
signature	Signature (type)	y submits this statement if the dependent of the dependen	it and title if a		E Registered	ed office or regis  Tocal  d Agent signature requirements	aured whe	A . Landar remainstrating)			familiar with,	·	
10.		OFFICERS AND	DIRECT	ORS	11.			ADDITIONS/	CHANGES TO C	FFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP											☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	4						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete		1	•				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete				·			☐ Change	☐ Addition	
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:    Tose   A   Lope   Y   (4   07   (9 × 4) 732 - 937   4   10   10   10   10   10   10   10													