2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000064284

City-St-Zip: MIAMI, FL 33125

Entity Name: ESCOBAR J & J PAINTING CORP

FILED Mar 04, 2009 Secretary of State

Littly Nai	HE. ESCOBAR	J & J FAINTING CORF					
Current Principal Place of Business:			New Princip	New Principal Place of Business:			
3089 PERI GREENAC	RY AVE CRES, FL 33463	US	4276 WEYM LAKE WORT	OUTH STREET H, FL 33461	US		
Current M	ailing Address:		New Mailing	New Mailing Address:			
3089 PERI GREENAC	RY AVE CRES, FL 33463	US		OUTH STREET TH, FL 33461	US		
FEI Number:		FEI Number Applied For (X)	FEI Number Not Applica	able () Ce	rtificate of Status Desire	ed ()	
Name and	Address of Cui	rent Registered Agent:	Name and A	Name and Address of New Registered Agent:			
LEON, JAI 3089 PERI GREENAC		US	4276 WÉYM	RAMOS, PEDRO V 4276 WEYMOUTH ST LAKE WORTH, FL 33461 US			
	named entity sub e of Florida.	omits this statement for the p	ourpose of changing its	registered office	e or registered agent,	or both,	
SIGNATUR	RE: PEDRO A. \	VELASCO RAMOS		03/04/2009			
	Electronic	Signature of Registered Ag	ent	Date			
Election Car	npaign Financing T	rust Fund Contribution ().					
OFFICERS	S AND DIRECTO	PRS:	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () De LEON, JAIME E 3089 PERRY AVE GREENACRES, FI		Title: Name: Address: City-St-Zip:	()Cha	ange () Addition		
Title: Name: Address: City-St-Zip:	VP () De PEDRO ALBERTO 4276 WEYMOUNT LAKE WORTH, FL	VELASC, O RAMOS 'H STREET	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition		
Title: Name:	D () De GARCIA, SALVADO	OR M	Title: Name:	()Cha	ange () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PEDRO A. VELASCO RAMOS VP 03/04/2009