
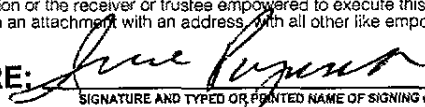


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000085594 1. Entity Name J & G ACCOUNTING AND FINANCIAL SERVICES, INC.		
Principal Place of Business 2522 N STATE RD. 7 MARGATE, FL 33063	Mailing Address 2522 N STATE RD. 7 MARGATE, FL 33063	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TABINO, JULIE 2522 NORTH STATE RD. 7 MARGATE, FL 33063		DO NOT WRITE IN THIS SPACE
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 reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		4. FEI Number 65-0533594 Applied For Not Applicable
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAPPALARDO, IRENE 2522 N. STATE ROAD 7 MARGATE, FL 33063	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTROGOVIANNI, GRACE 2522 N STATE RD 7 MARGATE, FL 33063	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 1/5/06 Daytime Phone #



01052006 No Chg-P CR2E034 (11/05)

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**DO NOT WRITE
IN THIS SPACE**