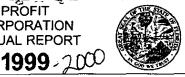
PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000091172

J.J CUSTOM PAINTING & INTERIOR DESIGN, INC.

Principal Place of Business

Mailing Address

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



			3. Date Incorporated or Qualified 11/30/1995	SP
a. Mailing Address			4. FEI Number	Applied For
5			65-0621214	Not Applicable
Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			6 Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Cour	ntry	8. This corporation owes the current year	<u></u>
<u> </u>	30		Intangible Personal Property.	∐ Yes ∐ No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
QUIROZ, JUAN PEDRO 1250 SW 28 AVE. FT. LAUDERDALE FL 33012				
		83		
	Ī	84 City	F	85 Zip Code
	Suite, Apt. #, etc. City & State Zip glistered Agent	Suite, Apt. #, etc. City & State Zip gistered Agent 1 607.1508 Florida Statutes, the abo	6 Suite, Apt. #, etc. 7 City & State 8 Zip Country 9 30	Suite, Apt. #, etc. City & State City & State Country 30 Country Signature of Status Desired 6 Election Campaign Financing Trust Fund Contribution 8 This corporation owes the current year Intangible Personal Property. 10. Name and Address of New Register 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83

Signature, typed or printed name of registered agent and little if applicable DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. TITLE DELETE 1 1 TITLE Change Addition QUIROZ, JUAN PEDRO 1.2 NAME NAME 500003480115--4 -11/29/00--01074--016 1250 SW 28 AVE. 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33012 1.4 CITY-ST-ZIP CITY-ST-ZIP ****300.00 | ****300, 00 DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF 3.1 TITLE ___ Change _ DELETE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP DIT : DT 2!! DELETE 4.1 TITLE Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS THEFT ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change 6.2 NAME 6.3 STREET ADDRESS ----- : ADENESS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE

CER OR DIRECTOR

Date

Daytime Phone #