FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90303 031 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000031113

1. Entity Name
J & J PAINTING CORP.

94055737

Principal Place of Business	Mailing Address
5308 SW 133 AVE HOLLYWOOD, FL 33027	PO BOX 170002 HIALEAH, FL 33017

04012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
20068 NW 85 Avenue	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33015 Country: USA	Zip Country: USA

4. FEI Number: 65-0829912 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AROCHA, MAIVEL
5308 SW 133 AVE
HOLLYWOOD, FL 33027

7. Name and Address of New Registered Agent

Name: AROCHA MAIVEL
Street Address (P.O. Box Number is Not Acceptable): 20068 NW 85 AVENUE
City: MIAMI FL Zip Code: 33015

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: [signature] REGISTERED AGENT AROCHA MAIVEL 04/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V AROCHA, MAIVEL 5308 SW 133 AVE HOLLYWOOD, FL 33027	☐ Delete	V Arocha Maivel 20068 NW 85 Avenue MIAMI, FL 33015	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARTINEZ, JOHN JAIRO 5308 SW 133 AVE HOLLYWOOD, FL 33027	☐ Delete	P Martinez John Jairo 20068 NW 85 Avenue MIAMI, FL 33015	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 exemption stated in Section 119.07(3)(i), 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] PRESIDENT 04/14/04 305-3327086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #