

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90424 014 ***150.00

DOCUMENT # P98000031113							
1. Entity Name J & J PAINTING CORP.							
Principal Place of Business 20068 NW 85TH AVE HIALEAH, FL 33015			Mailing Address PO BOX 170002 HIALEAH, FL 33017				
2. Principal Place of Business 19503 SW 55 Street		3. Mailing Address SAME					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005 Chg-P CR2E034 (10/03)			
City & State MIRAMAR, FL		City & State		4. FEI Number 65-0829912			
Zip 33029		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AROCHA, MAIVEL 20068 NW 85TH AVE MIAMI, FL 33015			7. Name and Address of New Registered Agent Name: AROCHA MAIVEL Street Address (P.O. Box Number is Not Acceptable): 19503 SW 55 Street City: MIRAMAR FL Zip Code: 33029				
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: DATE:							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE V	NAME AROCHE, MAIVEL		<input type="checkbox"/> Delete	TITLE V	NAME AROCHE MAIVEL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 20068 NW 85TH AVE	CITY-ST-ZIP MIAMI, FL 33015			STREET ADDRESS 19503 SW 55 ST.	CITY-ST-ZIP MIRAMAR, FL 33029		
TITLE P	NAME MARTINEZ, JOHN JAIRO		<input type="checkbox"/> Delete	TITLE P	NAME MARTINEZ JOHN JAIRO		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 20068 NW 85TH AVE	CITY-ST-ZIP MIAMI, FL 33015			STREET ADDRESS 19503 SW 55 Street	CITY-ST-ZIP MIRAMAR, FL 33029		
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP 		
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:				PRESIDENT JOHN J. MARTINEZ			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 04/28/05		Daytime Phone #: 305-3327086	