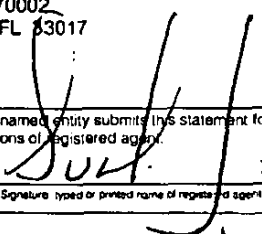
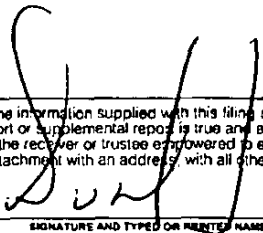


FILED
Apr 24, 2006 8:00 am
Secretary of State

03-16-2006 90223 045 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000031113			
1. Entity Name J & J PAINTING CORP.			
Principal Place of Business 19503 SW 55 ST MIRAMAR, FL 33029		Mailing Address 19503 SW 55 ST MIRAMAR, FL 33027	
2. Principal Place of Business Suite, Apt. #, etc. A10		3. Mailing Address Suite, Apt. #, etc. 170002	
City & State Hialeah FL		City & State Hialeah FL	
Zip 33016		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 MARTINEZ, JOHN J PO BOX 170002 HIALEAH, FL 33017		7. Name and Address of New Registered Agent Name JOHN J. MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 19503 SW 55 ST 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  John J. Martinez Registered Agent		DATE 02/21/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P MARTINEZ, JOHN J PO BOX 170002 HIALEAH, FL 33017 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Arach-Martinez Maivel 19503 SW 55 ST. MIRAMAR, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Arach-Martinez Maivel 19503 SW 55 ST. MIRAMAR, FL 33027 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  John J. Martinez		DATE 02/21/06 305-5130101	