

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90021 043 ***163.75

DOCUMENT # P98000055184

1. Entity Name

V.M. JARQUIN PAINTING CONTRACTOR INC.



Principal Place of Business

17733 SW 146 CT
MIAMI FL 33177

Mailing Address

17733 SW 146 CT
MIAMI FL 33177

2. Principal Place of Business

19582 NW 60th

3. Mailing Address

19582 NW 60th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL 33015

City & State

Miami FL

4. FEI Number

65-0844656

Applied For

Not Applicable

Zip

33015

Country

Dade

Zip

33015

Country

Dade

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

CORONADO, RAMONA
7360 CORAL WAY, STE. 21
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name: Victor Jarquin
Street Address (P.O. Box Number is Not Acceptable):
19582 NW 60th

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 of officer or director of registered agent and file if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: VD ☒ Delete
NAME: JARQUIN, VICTOR I
STREET ADDRESS: 17733 SW 146 CT
CITY-ST-ZIP: MIAMI FL 33177

TITLE: P ☐ Delete
NAME: JARQUIN, VICTOR M
STREET ADDRESS: 17733 SW 146 CT
CITY-ST-ZIP: MIAMI FL 33174

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: P-V-S/P V/S V/T/D ☒ Change ☐ Addition
NAME: VICTOR M. JARQUIN
STREET ADDRESS: 19582 NW 60th
CITY-ST-ZIP: Miami, FL 33015

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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 Section 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

03-13-06

Date

305 628-8103

Daytime Phone #