

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000097152**

1. Entity Name  
**J & M PROFESSIONAL PAINTING CORP.**



Principal Place of Business

**1755 SW 21 AVE  
MIAMI, FL 33145**

Mailing Address

**1755 SW 21 AVE  
MIAMI, FL 33145**



03052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0966157**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**REVUELTA, JOSE  
1755 SW 21 AVE  
MIAMI, FL 33145**

**DO NOT WRITE  
IN THIS SPACE**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Pres Jose Revuelta*

*3/5/05*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REVUELTA, JOSE
STREET ADDRESS	1755 SW 21 AVE
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04729/05-80017-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pres Jose Revuelta 3/5/05*  
Date

Daytime Phone #