

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90151 046 ***150.00

DOCUMENT # S05220			
1. Entity Name L & J PAINTING CENTER, INC.			
Principal Place of Business 15705 S.W. 76 TERRACE MIAMI, FL 33193		Mailing Address 15705 S.W. 76 TERRACE MIAMI, FL 33193	
2. Principal Place of Business <i>15378 S.W. 205T</i>		3. Mailing Address <i>15378 S.W. 205T</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL 33185</i>	
4. FEI Number 65-0346415		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADRIAN, LUIS 15705 SW 76 TERRACE MIAMI, FL 33193		7. Name and Address of New Registered Agent Name <i>Adrian Luis</i> Street Address (P.O. Box Number is Not Acceptable) <i>15378 S.W. 205T</i> City <i>Miami</i> FL Zip Code <i>33185</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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 PD	NAME ADRIAN, LUIS	<input type="checkbox"/> Delete	TITLE <i>PD</i>
STREET ADDRESS 15705 SW 76 TERRACE	CITY-ST-ZIP MIAMI, FL 33193		NAME <i>Adrian Luis</i>
			STREET ADDRESS <i>15378 S.W. 205T</i>
			CITY-ST-ZIP <i>Miami FL 33185</i>
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS	CITY-ST-ZIP		NAME
			STREET ADDRESS
			CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS	CITY-ST-ZIP		NAME
			STREET ADDRESS
			CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS	CITY-ST-ZIP		NAME
			STREET ADDRESS
			CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS	CITY-ST-ZIP		NAME
			STREET ADDRESS
			CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Luis Adrian</i>		Date: <i>4/29/05</i> Daytime Phone #: <i>305-226-0211</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

*Luis Adrian
President*