


**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90294 002 \*\*\*163.75

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P02000018323**

1. Entity Name  
**CASTELLON PAINTING, INC.**



**24061699**

Principal Place of Business  
**3081 NW 6 ST  
 MIAMI, FL 33125**

Mailing Address  
**3081 NW 6 ST  
 MIAMI, FL 33125**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04262004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**CASTELLON, JESUS S  
 3081 NW 6 ST  
 MIAMI, FL 33125**

4. FEI Number  
**01-0610691**

Applied For  
 Not Applicable

5. Certificate of Status Desired  ~~1~~ ~~2~~ ~~3~~ ~~4~~ ~~5~~ Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Castellon* DATE **04-27-04**

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTELLON, JESUS S 3081 NW 6 ST MIAMI, FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTELLON, ANIELKA 3081 N.W. 6 ST. MIAMI, FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VELIZ, PATRICIA 6207 W. 24 AV # 202 HIALEAH, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Castellon, Jesus S. 3081 NW 6th Street Miami, Florida 33125	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Castellon, Anielka 3081 NW 6th Street Miami, Florida 33125	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Sanchez, Gustavo 3081 NW 6th Street Miami, Florida 33125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Veliz, Patricia 3081 NW 6th Street Miami, Florida 33125	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 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: *Castellon* DATE **04-27-04** DAYTIME PHONE # **305-978-3641**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR