

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90081 032 ***150.00

DOCUMENT # P03000011489

1. Entity Name

D.J.B PAINTING SOLUTIONS, CORP.



Principal Place of Business

11380 BISCAYNE BLVD. #126
MIAMI FL 33181

Mailing Address

11380 BISCAYNE BLVD. #126
MIAMI FL 33181



MOORE

CR2E034 (11/03)

Principal Place of Business

900 NE 125th St

Suite, Apt. #, etc.

Suite 204

City & State

North miami

Zip

FL

Country

33161

Date

Mailing Address

900 NE 125th St.

Suite, Apt. #, etc.

Suite 204

City & State

North miami

Zip

FL

Country

33161

Date

4. FEI Number

32-0057270

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, LUIS R
11380 BISCAYNE BLVD. #126
MIAMI FL 33181

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 PD ☐ Delete
NAME GARCIA, LUIS R
STREET ADDRESS 11380 BISCAYNE BLVD. #126
CITY-ST-ZIP MIAMI FL 33181

TITLE VD ☐ Delete
NAME GARCIA, RAQUEL
STREET ADDRESS 11380 BISCAYNE BLVD. #126
CITY-ST-ZIP MIAMI FL 33181

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

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

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

1/22/04
Date

305 891-3525
Daytime Phone #