2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000011489 03-07-2005 90279 022 ***150.00 D.J.B PAINTING SOLUTIONS, CORP. Mailing Address Principal Place of Business 900 NE 125TH ST. 900 NE 125TH ST. 50023076 SUITE 204 SUITE 204 NORTH MIAMI, FL 33161 NORTH MIAMI, FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212005 CR2E034 (10/03) Cha-P 4. FELNumber Applied For City & State City & State 32-0057270 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ممرمزم DE JESUS, JAEL Street Address (P.O. Box Number is Not Acceptable) 11380 BISCAYNE BLVD. #108 MIAMI, FL. 33181 Zip Code 33150 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE TITLE GARCIA, LUIS R NAME 10341 NW 6th W. 11380 BISCAYNE BLVD. #126 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33181 Addition TITLE ☐ Delete TITLE GARCIA, RAQUEL NAME NAME 11380 BISCAYNE BLVD. #126 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33181 CITY-ST-ZIP Delete TITLE ☐ Addition TITLE DE JESUS, JAEL NAME NAME STREET ADORESS 11380 BISCAYNE BLVD #108 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33181 Change Addition Delete TITLE GARCIA, RAQUEL NAME NAME 6th w. STREET ADDRESS 11380 BISCAYNE BLVD #126 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33181 ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it changed, or on an attachment with an address, with all other like empowered.

FILED

Mar 07, 2005 8:00 am