2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90209 036 ***150.00

DOCUMENT # P03000106180

1. Entity Name
A.K. FINISH & SERVICES, INC

Principal Place of Business / Mailing Address
13680 N.W. 19th AVE BAY #11
MIAMI, FL33054

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

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

MOORE CR2E034 (11/03)

4. FEI Number 55-0848067 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
ALBERTO PALOMINO
19714 N.W. 48 CT
CAROL CITY FL 33055

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 resigning) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
	D ☐ Delete ALBERTO PALOMINO 19714 N.W. 48 CT CAROL CITY, FL 33055
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: Alberto Palomino 04/27/04 (305)557-1176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #