

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90087 029 \*\*\*150.00

**DOCUMENT # P04000096256**  
 1. Entity Name  
**JOSE ROSADO PAINTING INC.**



Principal Place of Business      Mailing Address  
 11720 N 15TH STREET APT 5B      11720 N 15TH STREET APT 5B  
 TAMPA FL 33612      TAMPA FL 33612

00041001



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address  
 11720 N 15 ST APT 5B      11720 N 15 ST APT 5B  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 5B      Tampa Apt 5B

City & State      City & State  
 Tampa FL      Tampa FL

4. FEI Number      Applied For  
 04-3816000      Not Applicable

Zip      Country      Zip      Country  
 33612      Hillsborough      33612      Hillsborough

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

6. Name and Address of Current Registered Agent  
 ROSADO, JOSE  
 11720 N 15TH STREET APT 5B  
 TAMPA FL 33612

7. Name and Address of New Registered Agent  
 Name      JOSE ROSADO  
 Street Address (P.O. Box Number is Not Acceptable)  
 11720 N 15 ST APT 5B  
 City      TAMPA      FL      Zip Code      33612

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:      N/A      JOSE ROSADO  
 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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> Delete
NAME	JOSE A ROSADO
STREET ADDRESS	11720 N 15TH STREET APT 5B
CITY-ST-ZIP	TAMPA FL 33612
TITLE	President <input type="checkbox"/> Delete
NAME	JOSE A. ROSADO INC
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:      JOSE ROSADO      5-31-05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Date/Time Phone #