


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000002846

1. Entity Name
 THE PAINTER'S STORE, U.S.A., INC.



Principal Place of Business Mailing Address

3202 CORAL WAY 3202 CORAL WAY
 MIAMI, FL 33145 US MIAMI, FL 33145 US

DO NOT WRITE IN THIS SPACE



05172004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0370577 Not Applicable

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

6. Name and Address of Current Registered Agent

PINES, RICARDO E
 3301 PONCE DE LEON BLVD.
 SUITE 200
 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

I, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	ZUCCARO, CAMILO
STREET ADDRESS	3301 PONCE DE LEON BLVD / STE - 200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	PD
NAME	ZUCCARO, ARNALDO
STREET ADDRESS	3301 PONCE DE LEON BLVD., #200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	TD
NAME	ZUCCARO, PAOLO
STREET ADDRESS	3301 PONCE DE LEON BLVD., #200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000162716
 06/18/04-80003-003 550.00

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 ~~the~~ empowered.

SIGNATURE: ARNALDO ZUCCARO MAY 21, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #