


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P93000079192

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



Principal Place of Business
 3202 CORAL WAY
 MIAMI, FL 33145 US

Mailing Address
 3202 CORAL WAY
 MIAMI, FL 33145 US



05172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0452103

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PINES, RICARDO E
 C/O RICARDO E. PINES P.A.
 3301 PONCE DE LEON BLVD. STE. 200
 CORAL GABLES, FL 33134

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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) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	2503 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	PSD
NAME	ZUCCARO, ARNALDO
STREET ADDRESS	2503 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	TD
NAME	ZUCCARO, PAOLO
STREET ADDRESS	2503 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 06/18/04-80003-002 550.00

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