


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000042657
 1. Entity Name
 ART DECO PAINTING OF MIAMI, INC.



Principal Place of Business Mailing Address
 13829 SW 9TH STREET 13829 SW 9TH STREET
 MIAMI, FL 33184 MIAMI, FL 33184

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 02-0589383 Not Applicable

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

6. Name and Address of Current Registered Agent
 NAVARO, JULIAN
 13829 SW 9TH STREET
 MIAMI, FL 33184

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000021113
 01/29/04-80094-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	NAVARRO, JULIAN
STREET ADDRESS	13829 SW 9TH STREET
CITY - ST - ZIP	MIAMI, FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 thereto, in accordance with all other like empowered.

SIGNATURE: *Julian Navarro* JULIAN NAVARRO President 1/12/04
SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone