


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90196 027 ***150.00

DOCUMENT # P03000046418

1. Entity Name
FAUX BY DESIGN FINISHES, INC.



Principal Place of Business
**8675 SW 113 COURT
 MIAMI, FL 33173**

Mailing Address
**P O BOX 835924
 MIAMI, FL 33283**



2. Principal Place of Business
13744 Kendall Lakes Dr.

3. Mailing Address
 Suite, Apt. #, etc.

03052004 Chg-P CR2E034 (10/03)

City & State
Miami FL

City & State
 Suite, Apt. #, etc.

Zip
33183

Country
Miami-Dade

4. FEI Number
55-0829634

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DALMAU, MARIA I
 8675 SW 113 COURT
 MIAMI, FL 33173**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
13744 Kendall Lakes Dr.

City
Miami FL

Zip Code
FL 33183

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 *Maria Dalmau*

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S DALMAU, MARIA I 8675 SW 113 COURT MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S. Dalmau, maria 13744 Kendall Lakes Dr. mia FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Maria Dalmau* **4-26-04** **786-247-9010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #