

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 518087

1. Entity Name
ACRYLUX PAINT MANUFACTURING CO. INC.



Principal Place of Business
**6010 POWERLINE RD.
FT. LAUDERDALE, FL 33309**

Mailing Address
**6010 POWERLINE RD.
FT. LAUDERDALE, FL 33309**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1703659

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BERRY, PATRICK
8826 N.W. 21 CT.
CORAL SPRINGS, FL 33071**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

U000000580890
01/10/07-80065-025 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **S**
NAME **BERRY, PATRICK G.**
STREET ADDRESS **8826 N.W. 21 CT.**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **T**
NAME **BERRY, ANDREW J.**
STREET ADDRESS **301 NE 8TH AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE **P**
NAME **RIEDEL, JANET M**
STREET ADDRESS **6010 POWER LINE RD**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07
Date

954 712 0300
Daytime Phone #