




**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F85250</b> 1. Entity Name <b>PERFORMANCE PAINTING, INC.</b>			
Principal Place of Business <b>1811 SW 51 ST.TERR. PLANTATION, FL 33317</b>		Mailing Address <b>1811 SW 51 ST.TERR. PLANTATION, FL 33317</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04292004    No Chg-P    CR2E034 (10/03)	
		4. FEI Number <b>59-2201824</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FIANO, BARBARA 1811 SW 51 ST.TERR. PLANTATION, FL 33317</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIANO, DOUGLAS 1811 SW 51 ST.TERR. PLANTATION, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIANO, BARBARA 1811 SW 51 ST.TERR. PLANTATION, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HESSELTON, RICHARD 1811 SW 51ST TERRACE PLANTATION, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  <b>Barbara Fiano</b>		Date: <b>4/27/04</b> Daytime Phone #: <b>954 792-1228</b>	