


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # F87117		
1. Entity Name S & O PAINTING, INC.		
Principal Place of Business	Mailing Address	
610 S. DIXIE HWY. HALLANDALE, FL 33009	610 S. DIXIE HWY. HALLANDALE, FL 33009	

DO NOT WRITE IN THIS SPACE



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2191745	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VENTURA, CARLOS
610 S. DIXIE HWY.
HALLANDALE, FL 33009

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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

Carlos J. Ventura

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPIEGEL, J 610 S DIXIE HWY HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS SETH, SKLAREY 3251 FLORIDA AVE BOX 332172 COCONUT GROVE, FL 332332172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/06/05-80072-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #