~~2004~~ FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F91277

1. Entity Name
SUMMERS PROFESSIONAL PAINTING, INC.

Principal Place of Business	Mailing Address
8897 SW 129TH TERR MIAMI, FL 33176 US	8897 SW 129TH TERR MIAMI, FL 33176 US

01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2384949
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CATLIN, H JAMES JR
1700 ALFRED I DUPONT BLDG
169 E FLAGLER ST
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PTD
NAME	MULSHINE, ANDY
STREET ADDRESS	8897 SW 129TH TERR
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	VALDES, ALBERTO
STREET ADDRESS	8897 SW 129TH TERR
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	S
NAME	COLON, SUSAN
STREET ADDRESS	8897 SW 129TH TERR
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000026389
02/03/04-80006-005 150.00

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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: _____ Andrew Mulshine 1/27/04 305-232-1527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #