## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 24, 2005 08:00 AM DOCUMENT # G42886 Secretary of State 1. Entity Name PINTURAMA INC. Principal Place of Business Mailing Address % IGNACIO IGLESIAS 16181 NW 57 AVE. HIALEAH FL 33014 % IGNACIO IGLESIAS 16181 NW 57 AVE. HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2294583 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IGLESIAS, IGNACIO Street Address (P.O. Box Number is Not Acceptable) 16181 NW 57 AVE. HIALEAH FL 33014 Zip Code the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement the obligations of registered agent SIGNATURE Signature, typed of printed name of (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD TITLE Delete Change ☐ Addition IGLESIAS, IGNACIO NAME NAME STREET ADDRESS 3761 S.W. 142ND AVE. STREET ADDRESS CITY - ST - ZIP MIAMI FL CITY-ST-ZtP HILE Delete TITLE Change ☐ Addition 100mm/241562 NAME 02/24/05-80050-006 150.00 STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHTY-ST-ZIP TITLE Defete HILE ☐ Change Addition NAME STREET ADDRESS SIREFT ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-7IP Delete THE Change ☐ Addition NAME STREET ADDRESS STRELT ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 of the receiver of the 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 of the receiver of the 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 of the receiver of the 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 of the receiver of the 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 of the receiver of the 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 of the receiver of the receiver of the receiver of the corporation of the receiver of the r

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