## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** K57717



## **FILED** May 05, 2003 8:00 am Secretary of State

PROMISE	E COLOR,	, INC.					05-05-2003 90	1269 008 ***	138./3	
Principal Place of Business 7801 NW 37TH ST 204 MIAMI FL 33166 US 2. Principal Place of Business		Mailing Address 7801 NW 37TH ST 204 MIAMI FL 33166 US				E PROGRAME DON ONLY CORRESPONDE MARKETON		ik Bibih Bibil Idal		
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State				4. FEI Number 65-0118432		Applied For Not Applicable		
Zip		Country	Zip	Count	ry	5.	Certificate of Status Desired		Additional	7
	6 Nome	and Address of Cours	Doctored to an	_L				Fee Req	uired	4
	o, Name	and Address of Curre	ent Registered Agent		Name	7. 1	Name and Address of New Regis	stered Agent		1
REFELER	, GEORGE				TILLITIE					
	TH STREET					Street Address (P.O. Box Number is Not Acceptable)				
SUITE 31				•						┨
										1
MIAMI FL 33130					City			FL Zip C	ode	
the obligation	itions of regist	y submits this statemen ered agent.  or printed name of registered ag				egistered ag	ent, or both, in the State of Florida	i. I am familiar w	th, and accept	j <sub>e</sub>
	HE NOW!	1 EEE IS \$150.00	1							1
		! FEE IS \$150.00  3 Fee will be \$550.0	00				9. Election Campaign Finance	~ _ ~	.00 May Be	
Afte	r May 1, 200						Election Campaign Financ     Trust Fund Contribution.	~ _ ~	5.00 May Be ded to Fees	
Afte	r May 1, 200	3 Fee will be \$550.0 Florida Department		11.		AD	Trust Fund Contribution.  DITIONS/CHANGES TO OFFICE	RS AND DIRECT	ded to Fees	
Afte Make Check 10.	r May 1, 200 k Payable to	3 Fee will be \$550.0 Florida Department OFFICERS AN	t of State	11. TITLE		AD <b>PR<i>ES</i>   DE</b> /	Trust Fund Contribution.  DITIONS/CHANGES TO OFFICE	RS AND DIRECT	DRS IN 11	(00)
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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:**