


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90031 005 \*\*\*150.00

<b>DOCUMENT # K75954</b> 1. Entity Name <b>HOME PAINTING &amp; REMODELING CO., INC.</b>					
Principal Place of Business <b>1861 N UNIVERSITY DRIVE POMPANO BEACH, FL 33071</b>			Mailing Address <b>1861 N UNIVERSITY DRIVE POMPANO BEACH, FL 33071</b>		
2. Principal Place of Business <b>3740 NW 124<sup>th</sup> ave</b>		3. Mailing Address <b>3740 NW 124<sup>th</sup> ave</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Coral Springs, FL</b>		City & State <b>Coral Springs, FL</b>		4. FEI Number <b>65-0107966</b>	
Zip <b>33065</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>THILEM, PAUL 6554 NW 43RD CT CORAL SPRINGS, FL 33067</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MOUSAVI, HOSSEIN</b> <input type="checkbox"/> Delete <b>2051 NW 118TH AVE</b> <b>FORT LAUDERDALE, FL 33323</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hossein Mousavi</b> <b>2051 NW 118th Avenue</b> <b>plantation, FL 33323</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>TAJALLI, RAHIM</b> <b>7500 LIVE OAK DRIVE</b> <b>POMPANO BEACH, FL 33065</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Rahim Tajalli</b> <b>7500 live oak drive</b> <b>coral springs, FL 33065</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



02162005 Chg-P CR2E034 (10/03)

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #