

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90214 030 \*\*\*\*50.00

DOCUMENT # L04000010356  
 1. Entity Name  
 CUSTOM PAINT DESIGNS LLC



Principal Place of Business Mailing Address  
 9940 F WATERMILL CIRCLE 9940 F WATERMILL CIRCLE  
 BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437

2. Principal Place of Business 3. Mailing Address  
 9940 F WATERMILL CIRCLE 9940 F WATERMILL CIRCLE  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 F F

City & State City & State  
 Boynton Be Fl Boynton Be Fl

Zip Country Zip Country  
 33437 USA 33437 USA

Barcode  
 1st MOORE CR2E083 (10/04)  
 4. FEL Number 63-0889525 Applied For Not Applicable  
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CHIUSA, CHARLES A  
 9940 F WATERMILL CIRCLE  
 BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent  
 Name Charles A Chiusa Jr  
 Street Address (P.O. Box Number is Not Acceptable) 9940 F Watermill Circle  
 City Boynton Be Fl - 33437 FL Zip Code

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 *Charles A Chiusa* (NO CHANGES) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHIUSA, CHARLES A 9940 F WATERMILL CIRCLE BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Charles A Chiusa* 3-23-05 561-797-0222  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #