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Apr 19, 2005 8:00 am
Secretary of State
03-18-2005 90385 022 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000038376

1. Entity Name
ARTICULATE PAINTING GROUP, LLC

Principal Place of Business	Mailing Address
~~P.O. BOX 4251~~ 7375 Big Cypress CT. MIAMI LAKES, FL 33014	~~P.O. BOX 4251~~ 7375 Big Cypress CT MIAMI LAKES, FL 33014

30003743

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03142005 Chg-LLC CR2E083 (10/03)

4. FEI Number [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~HOUCHINS, RONALD W~~
~~6401 W. ATLANTIC BOULEVARD, SUITE 203~~
~~MARGATE, FL 33063~~

7. Name and Address of New Registered Agent

Name: Lois GARCIA
Street Address (P.O. Box Number is Not Acceptable): 7375 Big Cypress CT.
City: Miami Lakes FL Zip Code: 33014

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: [signature] 3/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Adelkis E. Rodrigoez	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Lois GARCIA 7375 Big Cypress CT. Miami Lakes - Fl. 33014	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

11. 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 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: [signature] 3/15/05 (305) 345-9451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #