


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90030 002 \*\*\*\*50.00

**DOCUMENT # L04000083880**

1. Entity Name  
**IMPRESSIVE PAINT, LLC**



Principal Place of Business  
**870 OLD DIXIE HWY  
 UNIT 10  
 LAKE PARK, FL 33403 US**

Mailing Address  
**870 OLD DIXIE HWY  
 UNIT 10  
 LAKE PARK, FL 33403 US**



2. Principal Place of Business  
**1904 HOLMAN DR.  
 NORTH PALM BCH. FLA. 33408**

3. Mailing Address  
**1904 HOLMAN DR.  
 Suite, Apt. #, etc.**

04012005 Chg-LLC CR2E083 (10/03)

City & State  
**NORTH PALM BCH FLA.**

4. FEI Number  
**86-1122223**

Applied For  
 Not Applicable

Zip  
**33408**

Country  
**USA**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**RUSSO, SAMUEL R  
 870 OLD DIXIE HWY  
 UNIT 10  
 LAKE PARK, FL 33403**

7. Name and Address of New Registered Agent  
 Name **Rich Russo**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1904 HOLMAN DR.**  
 City **NORTH PALM BCH, FLA. FL** Zip Code **33408**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSSO, SAMUEL R 870 OLD DIXIE HWY UNIT 10 LAKE PARK, FL 33403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUSSO, SAMUEL R 1904 HOLMAN DR. NORTH PALM BCH, FLA. 33408 <input checked="" 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
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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Samuel R. Russo* **4/23/05** 561 723 2742  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #