

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # L63200

1. Entity Name  
PERFECT TOUCH WALLCOVERING & PAINTING, INC.



**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90043 038 \*\*\*150.00

Principal Place of Business Mailing Address  
7466 NW FIRST MANOR 7466 NW FIRST MANOR  
PLANTATION, FL 33317 US PLANTATION, FL 33317 US

2. Principal Place of Business 3. Mailing Address  
607 S.E. 12 ST. SAME  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
FORT LAUDERDALE, FLORIDA  
Zip 33316 Country U.S.A.

% B 2 / . , , 6 6 6 6 6 6 F &  
94058723  
04192004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For  
65-0183990 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BERDUGO, MORDI  
7466 NW FIRST MANOR  
PLANATATION, FL 33317

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00  
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERDUGO, MORDI 7466 NW FIRST MANOR PLANATATION, FL 33317 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_ 4-19-04 954-525-1193  
SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR Date Daytime Phone #