

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91051 039 \*\*\*150.00

**DOCUMENT # M34561**

1. Entity Name  
**NMB PAINT SALES, INC.**



Principal Place of Business  
 15520 W. DIXIE  
 N. MIAMI BEACH, FL 33162

Mailing Address  
 15520 W. DIXIE  
 N. MIAMI BEACH, FL 33162



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-2691114**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CURRY, J. DAVID, SR.**  
**1161 CHOKOLOSKEE DR**  
**CHOKOLOSKEE, FL 34138**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
**CD**  
 NAME **CURRY, J. DAVID SR.**  
 STREET ADDRESS **1161 CHOKOLOSKEE DR**  
 CITY-ST-ZIP **CHOKOLOSKEE, FL 34138**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**SD**  
 NAME **CURRY, DIANA L.**  
 STREET ADDRESS **1161 CHOKOLOSKEE**  
 CITY-ST-ZIP **CHOKOLOSKEE, FL 34138**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**PD**  
 NAME **GRANT, MICHAEL R**  
 STREET ADDRESS **5005 N. TRAVELERS PALM LN**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33319**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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]* **OWNER**

Date

Daytime Phone #

**4-24-04 305144-2833**