FILED AM

2004 FOR PROFIT CORPORATION ANNUAL REPORT				May 05, 2004 08:00 Secretary of State			
1. Entity Nam	MENT # P00000019° RVICES PAINTING, INC.	02				eer etar y	or state
Principal Place 8105 WEST 3 HIALEAH, FL	31ST AVE.	Mailing Address 8105 WEST 31ST AVE. HIALEAH, FL 33016			? FINI IIN GIN FINI FIN		
DO NOT WRITE IN THIS SPACE			CE	04272004 4. FEI Numb 65-099		CR2E034 (10	Applied For Not Applicable 5 Additional
6. Name and Address of Current Registered Agent SEGURA, ADRIAN M 7228 WEST 30TH LANE HIALEAH, FL 33018 8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.			DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE_	Signature, typed or printed name of registered agent an	title if applicable. (NOTE Registers	ed Agent signatura raquire	ed when reinstating)		DATE	
FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.						9 150.00	
TO. TITLE NAME STREET ADDRESS CITY - SI - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - SI - ZIP TITLE NAME STREET ADDRESS CITY - SI - ZIP TITLE NAME STREET ADDRESS CITY - SI - ZIP TITLE NAME STREET ADDRESS CITY - SI - ZIP TITLE NAME STREET ADDRESS CITY - SI - ZIP TITLE NAME STREET ADDRESS CITY - SI - ZIP TITLE	OFFICERS AND D PD SEGURA, ADRIAN M 8105 W. 31 AVE. HIALEAH, FL 33016	RECTORS			NOT W		

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND YPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR