

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90006 050 \*\*\*550.00

**DOCUMENT** P00000073790

1. Entity Name

*Accurate Paint, Inc.*



Principal Place of Business

Mailing Address

*2786 NW 29<sup>th</sup> Ct  
Fort Lauderdale, FL 33311-1328*



04012005

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

*65-1057609*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

*Michel Poulet  
2786 NW 29<sup>th</sup> Ct.  
Fort Lauderdale, FL 33311-*

**DO NOT WRITE  
IN THIS SPACE**

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]*  
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

*05/19/05*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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  
*P. Michel Poulet  
2786 NW 29<sup>th</sup> Ct.  
Fort Lauderdale, FL 33311*

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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 persons empowered.

SIGNATURE:

*[Signature]*  
MICHEL POULET

*05/19/05 754-264-5289*  
Date Daytime Phone #