
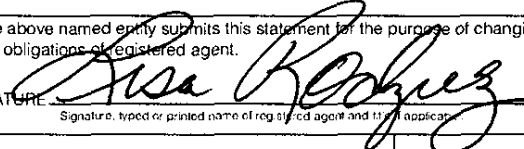
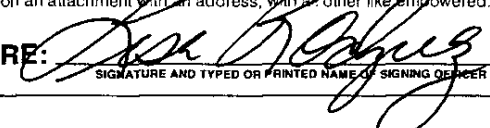


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90009 024 \*\*\*150.00

<b>DOCUMENT # P00000077482</b> 1. Entity Name <b>FANTASY PAINT, INC.</b>					
Principal Place of Business <b>16508 NW 17 SE. #109 PEMBROKE PINES, FL 33028</b>			Mailing Address <b>16508 NW 17 SE. #109 PEMBROKE PINES, FL 33028</b>		
2. Principal Place of Business <b>16508 NW 17 Street</b> <small>Suite, Apt. #, etc.</small>			3. Mailing Address <b>16508 NW 17 Street</b> <small>Suite, Apt. #, etc.</small>		
City & State <b>Pembroke Pines, FL</b>		City & State <b>Pembroke Pines, FL</b>		4. FEI Number <b>65-1035085</b>	
Zip <b>33028</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, LISA</b> <b>16508 NW 17 ST</b> <b>PEMBROKE PINES, FL 33028</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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:  DATE: <b>3-2-04</b> <small>Signature, typed or printed name of registered agent and then applicable (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RODRIGUEZ, ADELKIS E</b> <b>16508 NW 17 ST</b> <b>PEMBROKE PINES, FL 33028</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RODRIGUEZ, LISA</b> <b>16508 NW 17 ST</b> <b>PEMBROKE PINES, FL 33028</b>	<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				
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 an other like empowered.					
SIGNATURE: 			Date: <b>3-2-04</b> Daytime Phone # _____		