

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000079437

FILED
May 07, 2004
Secretary of State

Entity Name: FAUX STUDIO CUSTOM ART FINISH CORPORATION

Current Principal Place of Business:

4280 NW 1ST PLACE
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

4280 NW 1ST PLACE
DEERFIELD BEACH, FL 33442

Current Mailing Address:

111 SW 84 WAY
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0979385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
3929 N FEDERAL HWY
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE
POMPANO BEACH, FL 33064 US

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.

SIGNATURE: TAX HOUSE CORPORATION

05/07/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHAUCOSKI LOPEZ, NOELI
Address: 111 SW 84 WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VPD () Delete
Name: BONTEMPO, RITA CASSIA
Address: 9561 AEGEAN DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: VPD () Delete
Name: WANCELOTTI, PATRICIA LOBO
Address: 4280 NW 1ST PLACE
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: BONTEMPO, RITA CASSIA
Address: 9948 MOSS POND DR
City-St-Zip: BOCA RATON, FL 33496

Title: VPD (X) Change () Addition
Name: WANCELOTTI, PATRICIA LOBO
Address: 4280 NW 1ST PLACE
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA LOBO WANCELOTTI

VPD

05/07/2004

Electronic Signature of Signing Officer or Director

Date