


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90017 015 ***150.00

DOCUMENT # P00000104705					
1. Entity Name ALL PRO PAINTERS ENTERPRISE, INC.					
Principal Place of Business 9884 NW 123RD ST HIALEAH, FL 33018			Mailing Address 9884 NW 123RD ST HIALEAH, FL 33018		
2. Principal Place of Business 9884 NW 123rd Street		3. Mailing Address 9884 NW 123rd Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hialeah, FL		City & State Hialeah, FL			
Zip 33018		Country USA		Zip 33018	
Country USA		4. FEI Number 65-1053853			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ESCUDERO, MARIO 9884 NW 123RD ST. HIALEAH, FL 33018			7. Name and Address of New Registered Agent Name: <u>Mario Escudero</u> Street Address (P.O. Box Number is Not Acceptable): <u>9884 NW 123rd Street</u> City: <u>Hialeah</u> FL <u>33018</u>		
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: <u>[Signature]</u> (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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVS ESCUDERO, MARIO 9884 NW 123RD ST. HIALEAH, FL 33018 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVS Escudero, MARIO 9884 NW 123rd Street Hialeah, FL 33018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESCUDERO, MARIO 9884 NW 123RD ST. HIALEAH, FL 33018 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Escudero, MARIO 9884 NW 123rd Street Hialeah, FL 33018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 duly empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	