



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000114264 1. Entity Name NIKKEY PAINTING SERVICES, INC.	
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Principal Place of Business 9852 A 62ND TER SOUTH BOYNTON BEACH, FL 33437	Mailing Address 9852 A 62ND TER SOUTH BOYNTON BEACH, FL 33437
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DO NOT WRITE IN THIS SPACE

FILED
04 JAN 15 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1060673	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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: Paulo Morao **PAULO MORAO** DATE: 01-07-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

01/23/04 01016 005 **150.00
300027490153

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORAO, PAULO 9852 A 62ND TER SOUTH BOYNTON BEACH, FL 33437
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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)(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: Paulo Morao **PAULO MORAO** DATE: 01-07-04 (56) 3064571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TH