## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000 115004



FILED

1. Entity Name				.	
IGG4'S PAINTING, INC.				04 MAY	-6 PH 3:41
	Da vo-			SECRETA	NRY OF STATE SSEE, FLORIDA
	DO NOT WRITE	IN THIS S	PACE:	The TALLATIN	ours radiion
2. Principal Place of Business 415 E . 8 Street 3. Mailing Address		3. Mailing Address		REINSTAT	EMENT OLO
Suite, Ap		Suite, Apt. #, etc.		1 11 20 25 10 11	TN THIS SPACE
City & State Hialeah, FL		City & State		4. FEI Number	Applied For Not Applicable
33C	014 Country Dade	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
1.55	en Nerva atemple a talenda e			7. Name and Address of Current R	Registered Agent
DO NOT WRITE			Name Uariela Pereda		
IN THIS SPACE			Street Address (P.O. Box Number is Not Acceptable)		
			415 E. 8 ST.		
11	and the second second second second		City Hic	ileah	Fl Zin 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.					
the buildations of registered agent.					
SIGNATURE	Signature, it ped for printed name of registered agent a				
J. J.	anuary 1 - May 1 Fee is \$150.00	nd tille il applicable. (NOT	E: Registered Agent signature require	d when reinstating)	<del>32'100 -</del>
	After May 1, Fee is \$550.00 Amended UBR is \$61.25			UT/91 ÆMHITHT CAMBANGINGTT	S C Way be
Make Chec	k Payable to Florida Department of	*#1-01-000/00/00 A		Trust Fund Contribution.	Added to Fees
TIRE	President,	DIRECTORS			
NAME	Mariela Pereda		TITLE		8
STREET ADDRESS CITY-ST-ZIP	1415 E. 8 Street		STREET ADDRESS		Σ
mit Higlean, FL 33014			OTTEST ZIP		25.6
NAME			ATTLE .		
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TITLE			CHIVEST-ZIP		
NAME:			TITLE #5		
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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 allachment with an address, with all other like empowered.

SIGNATURE:

HAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Division of Corporations P.O. BOX 6327 Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$600.00 for the annual report fee with my application.

We move to 415 E 8<sup>th</sup> ST Hialeah, Fl and did not receive the U.B.R. for the years 2001, 2002, 2003 and 2004 or any other notice from the Division of Corporations in respect with the Corporation IGGY'S PAINTING, INC.

Thank you for your courtesy in this matter.

MARIELA PEREDA

**PRESIDENT**