## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

**SIGNATURE** 

## Apr 16, 2005 08:00 AM Secretary of State DOCUMENT # P00000116756 QUALITY PAINT: 💰 & WATERPROOFING, INC. Principal Place of Business Mailing Address 6700 NW 114 AVE 6700 NW 114 AVE #921 #921 MIAMI, FL 33178 MIAMI, FL 33178 03042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1063088 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ORTEGA, JOSE L DO NOT WRITE 6700 NW 114 AVE #921 IN THIS SPACE MIAMI, FL 33178 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\_ Signature, typed or pririted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000309187 NAME ORTEGA, JOSE L U4/16/05-80028-001 150.00 STREET ADDRESS 6700 NW 114 AVE CITY-ST-ZIP MIAMI, FL 33178 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 truetee 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-00

Daytime Phone #

**FILED**