

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000021239
 1. Entity Name
 MAIRE'S PAINTING CONTRACTORS, INC.



FILED
 04 OCT 14 PM 5:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: 3151 S.W. 27TH LANE, MIAMI, FL 33133
 Mailing Address: 3151 S.W. 27TH LANE, MIAMI, FL 33133



09132004 No Chg-P CR2E034 (10/03) *M*

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4. FEI Number: 65-1086733
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RAMIREZ, MAIRENI
 3151 S.W. 27TH LANE
 MIAMI, FL 33133

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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: *Maireni* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$550.00 - Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAMIREZ, MAIRENI
STREET ADDRESS	3151 S.W. 27TH LANE
CITY- ST- ZIP	MIAMI, FL 33133
TITLE	STD
NAME	RAMIREZ, MARCIANA
STREET ADDRESS	3151 S.W. 27TH LANE
CITY- ST- ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 10/14/04--01047--002 **550.00

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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 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: *Maireni* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____