


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90004 044 ***150.00

DOCUMENT # P01000021239

1. Entity Name
MAIRE'S PAINTING CONTRACTORS, INC.



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

00053356



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-1086733 Not Applicable

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

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

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9. 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 Ramirez* DATE: _____
Signature typed or printed name of registered agent and agent applicable. (NOTE: Registered Agent signature required when retaking)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	

DO NOT WRITE 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: ✓ DATE: _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR