

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000023423

1. Entity Name
PAINT BALLS R US, INC.



Principal Place of Business
**3675 W 16TH AVE.
HIALEAH, FL 33012**

Mailing Address
**3675 W 16TH AVE.
HIALEAH, FL 33012**

FILED
05 SEP 26 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09162005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1082713

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ARRIETA, MICHEL
17630 NW 73 AVE UNIT 102
MIAMI, FL 33015**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when replacing agent)

900060059479

09/29/05--01012--007 **150.00

**FILE NOW!!! FEE IS \$150.00
Due by October 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ARRIETA, MICHEL
17630 NW 73 AVE UNIT 102
MIAMI, FL 33015**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

9/27

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-16-05 305440-783