

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90101 028 ***150.00

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1. Entity Name

PLATINUM PAINTING AND PRESSURE CLEANING, INC.



Principal Place of Business

10739 NORTHWEST 17 STREET
CORAL SPRINGS FL 33071

Mailing Address

6950 SOUTHGATE BLVD., #208
TAMARAC FL 33321

2. Principal Place of Business

8455 SHADOW CT.

Suite, Apt. #, etc.

3. Mailing Address

8455 SHADOW CT.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FLA.

Zip

33071

Country

BROWARD

City & State

CORAL SPRINGS FLA.

Zip

33071

Country

BROWARD

4. FEI Number

65-1101241

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MALLAMO, MARK
10739 NORTHWEST 17 STREET
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name **MARK A. MALLAMO**

Street Address (P.O. Box Number is Not Acceptable)

8455 SHADOW CT.

City

CORAL SPRINGS

FL

Zip Code

33071

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MALLAMO, MARK**
STREET ADDRESS **10739 NORTHWEST 17 STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **MARK A. MALLAMO**
STREET ADDRESS **8455 SHADOW CT.**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Mark A. Mallamo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/05
Date

954 937-2678
Daytime Phone #