2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000078525

DOCUMENT # 1. Entity Name

M G PAINTING, INCORPORATED



FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90060 015 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS												
Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES	2655 UTOPIA	DRIVE	2655 UT	2655 UTOPIA DRIVE					86 414 13 141 1 9 1		(1881 8)() 1881	
City & State A. FEI Number 65-1128315 Applied For Not Applicable Set Pequived S. Certificate of Status Dosired Set Pequived 6. Name and Address of Current Registered Agent Name IZQUIERDO, MIGUEL 1305 W 29 PALCE STE 106 HIALEAH FL 33010 City FL Zip Code 6. 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 farmiliar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME STREET ADDRESS CITY-S1-2P TITLE NAME SIRRET ADDRESS CITY-S1-2P TITLE Charge Addition NAME SIRRET ADDRESS CITY-S1-2P TITLE NAME SIRRET ADDRESS CITY-S1-2P TITLE NAME SIRRET ADDRESS CITY-S1-2P TITLE Charge Addition NAME SIRRET ADDRESS CITY-S1-2P TITLE Charge Addition NAME SIRRET ADDRESS CITY-S1-2P TIT	2. Principal F	Place of Busine	3. Mailin	3. Mailing Address								
Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
S. Cerrification Scalars Desired Fee Required	City & Stat	e	City & State				4. (65-1128315				
IZQUIERDO, MIGUEL 1305 W 26 PALCE STE 106 HIALEAH FL 33010 City FL Zip Code 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 FILE NOW!!! FEE IS \$150.00 After May 1; 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME INVESTMENT OF STATE OF STATE OFFICERS AND DIRECTORS IN 11 TITLE 1305 W 26 PALCE STE 106 HIALEAH FL 33010 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET	Zip	Country		Zip		Country		5.	Certificate of Status Desired			
IZQUIERDO, MIGUEL 1305 W 26 PALCE STE 106 HIALEAH FL 33010 City FL Zip Code 8. The above named antity 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 FILE NOW!!! FEE Is \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME 1305 W 26 PALCE STE 106 HIALEAH FL 33010 TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS ST		6. Name a	and Address of Current	Registered	Agent			7. 1	Name and Address of New Re	gistered A	gent	
Street Address (P.D. Box Number is Not Acceptable) Street Address (P.D. Box Number is Not Acceptable) Oity FL Zip Code 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 FILE NOW!!! FEE IS \$150.00 Atter May 1; 2003 Fee will be \$550.00 Atter May 1; 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME ITILE 1036 W 26 PALCE STE 106 HIALEAH FL 33010 TITLE 1036 W 26 PALCE STE 106 HIALEAH FL 33010 TITLE 1046 Delete 1168 STREET ADDRESS CITY-ST-ZIP TITLE 1056 Delete 1177 STREET ADDRESS CITY-ST-ZIP 1178 STREET ADDRESS CITY-ST-ZIP 1178 STREET ADDRESS CITY-ST-ZIP 1179 STREET ADDRESS CITY-ST-ZIP 1170 Delete 1171 STREET ADDRESS CITY-ST-ZIP 1172 STREET ADDRESS CITY-ST-ZIP 1174 STREET ADDRESS CITY-ST-ZIP 1174 STREET ADDRESS CITY-ST-ZIP 1174 STREET ADDRESS CITY-ST-ZIP 1175 STREET ADDRESS CITY-ST-ZIP 1174 STREET ADDRESS CITY-ST-ZIP 1175 STREET AD	IZO UEDO		Name									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, yound or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when renstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS C							Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its 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 apolicable. (NOTE: Registered Agent signature required when rentating) FILE NOW!!! FEE IS \$150.00	HIALEAH	FL 33010										
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstaining) Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstaining) After May 1; 2003 Fee will be \$550.00							City			FL	Zip Code	9
After May 1; 2003 Fèe will be \$550.00 Make Check Payable to Florida Department of State 10.	the obligat	ions of registe	red agent.			>			4	da. I am fa	miliar with,	and accept
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	After Make Check	r May 1, 2003	Fee will be \$550.00 Florida Department o	f State					Trust Fund Contribution.		Added	I to Fees
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10.	,	OFFICERS AND	DIRECTORS		11.		AD	DITIONS/CHANGES TO OFFIC			
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		IZQUIERDO 1305 W 26	PALCE STE 106		☐ Delete	NAME STREE	ET ADDRESS .				☐ Change	Addition
Delete	TITLE NAME STREET ADDRESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			☐ Delete	NAME	<u> </u>	 -			Change	Addition
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			╂						
NAME STREET ADDRESS STREET ADDRESS					□ Delete	NAME STREE	ET ADDRESS		· ,		☐ Change	Addition
CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAME STREE	ET ADDRESS	-			☐ Change	Addition
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		☐ Delete	TITLE NAME STREE	ET ADDRESS				☐ Change	Addition
NAME STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAME STREE	ET ADDRESS				☐ Change	Addition
12. Thereby 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		ertify that the	nformation supplied with	n this filing de	oes not qualify for			ection :	119.07(3)(i), Florida Statutes, Lt	urther certif	fy that the in	formation

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:

"SINGULINED SIGNATURE AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone #