

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90001 045 ***150.00

DOCUMENT # P01000084180

1. Entity Name

PAINT-A-RAMA, INC.



Principal Place of Business

12300 NE 4TH AVE #410
MIAMI FL 33168

Mailing Address

12300 NE 4TH AVE #410
MIAMI FL 33168

2. Principal Place of Business

12300 N.E. 4th Avenue

3. Mailing Address

12300 NE 4th Avenue

Suite, Apt. #, etc.

#410

Suite, Apt. #, etc.

#410

City & State

North Miami, FL

City & State

North Miami, FL

Zip

33161-5448

Country

USA

Zip

33161-5448

Country

USA

4. FEI Number

65-1135924

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, JON S
12300 NE 4TH AVE #410
MIAMI FL 33168

7. Name and Address of New Registered Agent

Name

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

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

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, 2004 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	PSTD	<input type="checkbox"/> Delete
NAME	SCOTT, JON S	
STREET ADDRESS	12300 NE 4TH AVENUE, 410	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 18 2004

Date

305-891-7009

Daytime Phone #

Attachment
Dr. # PD1000084180
5405559.5 -

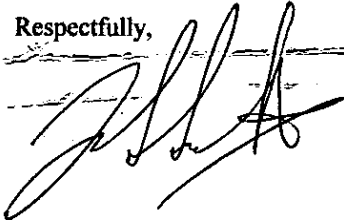
May 20, 2004

To Whom it May Concern:

Please be advised that, due to a major fire which caused an interruption in our mail delivery, I was unable to obtain my UBR before the May 1st deadline. Please accept our check for \$150.00 in full payment.

Thank you.

Respectfully,

A handwritten signature in black ink, appearing to be 'Jon Scott', written over a horizontal line.

Jon Scott, Pres.