FILED May 01, 2003 8:00 am Secretary of State

DOCLIMENT A	UNIFORM BUSINESS REPORT (UBR)					05-01-2003 90365 031 ***150.00	
DOCUMENT #	P010000976	22					
C V DAINTING DECIN	C INC	•	V	1			
S V PAINTING DESIN DO N		E IN THIS S	PΑ	CE			
2. Principal Place of Business		3. Mailing Address					
7754 NW 71 /5 X		620 SW 9TH ST.		DO NOT WIRITE IN THE	00405		
Suite, Apt. #, etc.		Suite, Apt. #, etc. #05			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number	Applied For		
MIAMI, FL		MIAMI, FL		61-1145424	Not Applicable		
Zip 33166	Country	Zip 33130	Co	ountry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				7. Nan	ne and Address of Current Regist	tered Agent	
				Name			
DO NOT WRITE IN THIS SPACE			620 SW 9TH		dress (P.O. Box Number is Not Acceptable)		
				#05 City		Zip Code	
				MIAMI	F <u>L</u>	33130	
8. The above named	entity submits this s	statement for the purpos	e of ch	nanging its regis	stered office or registered agent, or	both, in the	
State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE							
Signatu	re, typed or printed name	of registered agent and title if a	pplicable	. (NOTE: Regis	tered Agent signature required when reinstatin	ig) DATE	
January 1 - May 1 Fee is \$150,000 After May 1, Fee is \$550.00					9. Election Campaign Financing	05 00 M D-	
Amended UBR is \$61.25						35.00 May be	
Make Check Payable	e to Florida Departr	56591818181818181818181818181818181818 1			Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.			1 44				
TITLE	OFFICERS A	nent of State ND DIRECTORS	11.	7020000000000000			
TITLE NAME				rle Me			
,	OFFICERS A PD SANDRO VEIGA 620 SW 9TH ST. #6	ND DIRECTORS	TIT NA	*************************	Trust Fund Contribution.		
NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PD SANDRO VEIGA	ND DIRECTORS	NA ST CT	ME REET ADDRES: TY-ST-ZIP	Trust Fund Contribution.		
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FOR PROFIT CORPORATION

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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-2003 (784) Y9 (11386)
Date Daytime Phone #