


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90002 013 ***558.75

DOCUMENT # P01000114129 1. Entity Name TEIJO PAINTING INC.		
Principal Place of Business 415 NW 85TH PLACE #5 MIAMI, FL 33126		Mailing Address 415 NW 85TH PLACE #5 MIAMI, FL 33126
2. Principal Place of Business 5411 NW 110 TH AVENUE Suite, Apt. #, etc.		3. Mailing Address 5411 NW 110 TH AVENUE Suite, Apt. #, etc.
City & State Doral, Florida		City & State Doral, Florida
Zip 33178	Country Dade	Zip 33178
6. Name and Address of Current Registered Agent ROMERO, ORLANDO 305 SW 175 AVE MIRAMAR, FL 33029		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
4. FEI Number 65-1155607		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FERNANDEZ, JOSE 415 NW 85TH PLACE #5 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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 lines empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 5/7/04 <small>Daytime Phone #</small>