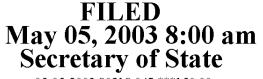
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000115198



1. Entity Name THE 3-H PAINTING & CO., INC.				05-05-2003 90219 04	7 ***150.00	
Principal Place of Business 6572 SW 8TH COURT NORTH LAUDERDALE FL 33068		Mailing Address 6572 SW 8TH COURT NORTH LAUDERDALE FL 33068				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-1157237	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered	Agent	
JOSEPH K. NOFIL, P.A. .3284 ÑORTH STATE ROAD 7 L'AUDERDALE LAKES FL 33319			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
71.			City	FL	Zip Code	
the obligation	amed entity submits this statement for ns of registered agent.		s registered office or regis	stered agent, or both, in the State of Florida. I am	familiar with, and accept	
FIL After I	E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
NAME A	PTSD Armas, Hugo 5572 SW 8TH Court North Lauderdale FL 33068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	_ 	☐ Delete	TITLE		Change Addition	

NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 a first provided in the corporation of the receiver or trustee empowered.

SIGNATURE: