

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90014 046 ***158.75

DOCUMENT # P01000115896

1. Entity Name

VASQUEZ PAINTING CONTRACTORS, INC.



Principal Place of Business

901 SOUTHWEST 104 COURT
MIAMI FL 33174

Mailing Address

901 SOUTHWEST 104 COURT
MIAMI FL 33174

2. Principal Place of Business

3. Mailing Address

4531 SW 146 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI FLORIDA

Zip

Country

Zip

Country

33175

USA



MOORE

CR2E034 (11/03)

4. FEI Number 03-0378301

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VASQUEZ, OSMAN
901 SOUTHWEST 104 COURT
MIAMI FL 33174

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME VASQUEZ, OSMAN
STREET ADDRESS 901 SOUTHWEST 104 COURT
CITY-ST-ZIP MIAMI FL 33174 ☐ Delete

TITLE SECRETARY
NAME OSMAN VASQUEZ II
STREET ADDRESS 4531 SW 146 CT
CITY-ST-ZIP MIAMI, FL 33175 ☐ Change ☒ Addition

TITLE V
NAME VASQUEZ, ALFONSO
STREET ADDRESS 901 SOUTHWEST 104 COURT
CITY-ST-ZIP MIAMI FL 33174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

OSMAN VASQUEZ 2/26/04 (305) 222-2225