

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000119788

1. Entity Name
REAL PAINTING AND PRESSURE CLEANING, INC.



Principal Place of Business
6955 W 24 LN
HIALEAH, FL 33016

Mailing Address
6955 W 24 LN
HIALEAH, FL 33016

FILED
04 MAR -4 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03032004 No Chg-P CR2E034 (10/03)

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4. FBI Number
65-1160008

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERRANDEZ, LAQARO
6955 W 24TH LN
HIALEAH, FL 33016

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FERNANDEZ, LAZARO
STREET ADDRESS 6955 W 24 LN
CITY-ST-ZIP HIALEAH, FL 33016

TITLE STD
NAME FERNANDEZ, YOELMY
STREET ADDRESS 6955 W 24 LN
CITY-ST-ZIP HIALEAH, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

600030384496
03/12/04--01051--003 **300.00

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IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #