

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90172 037 \*\*\*150.00

**DOCUMENT # P02000007100**

1. Entity Name  
**MALIBU PAINTING, INC.**



Principal Place of Business  
**3210 NW 103 TERRACE  
SUNRISE, FL 33351**

Mailing Address  
**3210 NW 103 TERRACE  
SUNRISE, FL 33351**

*2401114*



**DO NOT WRITE IN THIS SPACE**

03232004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**80-0028385**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KANAVROV, NIKOLAI  
7745 NW 78 CT  
TAMARAC, FL 33321**

**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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/23/04*

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	P
NAME	KANAVROV, NIKOLAI
STREET ADDRESS	7745 NW 78 CT
CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	S
NAME	TODOR CARAN
STREET ADDRESS	2354 SW 1st Terrace
CITY - ST - ZIP	MIRAMAR FL 33029
TITLE	T.
NAME	CARLOS I. CASTANO
STREET ADDRESS	1952 SW 67th Avenue
CITY - ST - ZIP	Pompano Beach FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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 all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/23/04*

DATE

DAYTIME PHONE #

*(954) 724-2834*