

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-03-2004 90021 018 ***150.00

DOCUMENT # P02000020968					
1. Entity Name PAINTING SOLUTIONS ENTERPRISES CORPORATION					
Principal Place of Business 6990 NW 186 ST #501 MIAMI, FL 33105			Mailing Address 6990 NW 186 ST #501 MIAMI, FL 33105		
2. Principal Place of Business 6990 NW 186 ST Suite, Apt. #, etc. 501			3. Mailing Address Suite, Apt. #, etc.		
City & State MIAMI, FL Zip 33015		City & State Zip		Country	
4. FEI Number 42-1530469				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMIREZ, EZEQUIEL 6990 NW 186 ST #501 MIAMI, FL 33105			7. Name and Address of New Registered Agent 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 _____ (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 <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	PD <input type="checkbox"/> Delete RAMIREZ, EZEQUIEL 6990 NW 186 ST #501 MIAMI, FL 33105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMIREZ, EZEQUIEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6990 NW 186 ST #501 Miami, FL 33015		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete URREA, YAMILE 6990 NW 186 ST #501 MIAMI, FL 33105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V URREA, YAMILE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6990 NW 186 ST #501 Miami, FL 33015		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____		Date <u>02/21/04</u> Daytime Phone # _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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