2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P02000055148** 1. Entity Name 04-28-2004 90189 016 ***150.00 FAUX FINISHES & COLORS CORP. Principal Place of Business Mailing Address 11410 NW 56TH DRIVE 11410 NW 56TH DRIVE #10104 #10104 CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 2. Principal Place of Business 3. Mailing Address 9833 PORTA LEONA 9833 PORTALEONA LN Suite, Apt. #, etc. Suite, Apt. #, etc. 01202004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number BOYNTON BEACH BOYNTON BEACH 04-3669619 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33437 PALM BEAGE PALM GEACH -33437 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORALES, LUIS F Street Address (P.O. Box Number is Not Acceptable) 11410 NW 56TH DR 10104 9833 PORTA LEONA LN CORAL SPRINGS, FL 33076 Zip Code BOYNTON BEACH 33437 8. The above named entity submits lyss 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 d registered ager LUIS MORALES 1/20/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorature required when remutating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change : Addition TITLE ☐ Delete NAME MORALES, LUIS F NAME 9833 PORTA LEONA LN 11410 NW 56TH DR 10104 STREET ALVOORESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP POMPANO BEACH, FL 33076 BOYNTON BEACH FL 33437 TITLE TITLE Delete ☐ Addition Change CORREA, MARIA H STREET ADDRESS 11410 NW 56TH DR 10104 STREET ADDRESS 9833 PORTA LEONA LN CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP BOYNTON BEACH FL 33437 THIE --- - Delete TITLE Change ☐ Addition NAME NAME ____ STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TIFLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS City-ST-ZIP 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 truspe 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 appears with all other like empowered. (561) 733-3709 1/20/04 Luis MORALOS SIGNATURE:

FILED

Apr 28, 2004 8:00 am