

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 91230 014 ***150.00

DOCUMENT # P02000056802

1. Entity Name
CAPTIVATING MURALS, INC.



Principal Place of Business
1800 NORTH 43RD AVENUE
HOLLYWOOD, FL 33021

Mailing Address
1800 NORTH 43RD AVENUE
HOLLYWOOD, FL 33021



03052004 Chg-P- CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number
03-0457854

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name **Ryan Williams**

Street Address (P.O. Box Number is Not Acceptable)

1800 N 43rd Ave

City **Hollywood**

FL

Zip Code **33021**

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 **Ryan Williams**

[Signature]

DATE **3/5/04**

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 **PSTD** ☐ Delete
NAME **WILLIAMS, RYAN**
STREET ADDRESS **1800 NORTH 43RD AVENUE**
CITY-STATE-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete
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CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

12. I hereby certify that the information supplied on 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 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]*

Ryan Williams 3/5/04 954-465-5030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #