2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000060117

1. Entity Name
PRIME COLORS PAINTING CORP.

54067638

Principal Place of Business	Mailing Address
19610 NE 19TH COURT NORTH MIAMI, FL 33179	P.O.BOX 2944 HALLANDALE, FL 33008

2. Principal Place of Business	3. Mailing Address _19610 NE 19th Court_
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State _N. Miami Beach FL_
Zip Country	Zip _33179_ Country _US_

08042004   Chg-P   CR2E034 (10/03)

4. FEI Number 11-3645836 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEA, STEVEN 1780 NE 191 ST # 709 N MIAMI BCH, FL 33179	Name _Shea Steven_ Street Address (P.O. Box Number is Not Acceptable) _19610 NE 19th Ct_ City _N. Miami Beach_ FL Zip Code _33179_

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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐

$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME STEVEN, SHEA STREET ADDRESS 1780 NE 191 STREET #709 CITY-ST-ZIP N.MIAMI BEACH, FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_Shea, Steven 19610 NE 19th Court N. Miami Beach Fl 33179_ ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____   _8/4/04_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
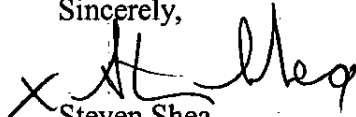
Attachment
54067638

August 4, 2004

Department of State
Division of Corporations
Tallahassee, FL 32314

Subject: Prime Colors Painting Corp
Doc #:   P02000060117

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2004 filing year.
According to your records, you never received an annual report for our corporation. We
are sending a filled out annual report to your Department because we never received the
original report. Also I did not realize that no reports were being mailed out anymore.
Please accept our apologies and accept this $150.00 filing fee. We never meant to send
the report late, if we would have received the report, we would have sent it on time. We
apologize for any inconvenience this may have caused. If you have any questions please
feel free to contact me at (305) 541-3980.

Sincerely,

X
Steven Shea
President