2003 FOR PROFIT CORPORA ON JUNEORM BUSINESS REPORT JBR)

MN	CORM BUSIN	ESS REPORT	(L JBR)	FIIC	i-1
DOCUMENT # P02000061804				FILED 04 JAN -2 PM 1:58	
ECONOM	Y TRUCK PAINTING INC.	,		SEC	
Principal Plac	e of Business	Mailing Address 5701 PLUNKETT STREET		- IMPLANTASSEE, I	FLORIDA
HOLLYWOOD	FL 33023	HOLLYWOOD FL 33023			
5641	Plumet Stee	H 3. Mailing Address Game			* B 2
Suite, Apt.		Suite, Apt. #, etc.	• .	THE WAKING TO SHEEK! HERE IF MAKING TO	المشاشعان سيجهم بنيوس
City State	boal fla	City & State	Country	4. FEI Number 55-0-794345	Applied For Not Applicable 8.75 Additional
330	23 Browall			Fe Fe	e Required
	6. Name and Address of Curren	it Registered Agent	Name	7. Name and Address of New Registered Ag	ent
	MCHAEL L			(P.O. Box Number is Not Acceptable)	
1090 SOUTH 56 AVE. 1090 HOLLYWOOD FL 33023				D SOUTINGS AUC	
			City	Yungar Cla 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	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$75 of Payable to Florida Department	I		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.		D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11
TITLE NAME	PD COHEN, MICHAEL L	☐ Delete	TITLE NAME	- [☐ Change ☐ Addition §
STREET ADDRESS CITY-ST-ZIP	17001 S.W. 63RD MANOR FT. LAUDERDALE FL 33331		STREET ADDRESS CITY-ST-ZIP		
TITLE -	VD-	☐ Delete	TITLE	[☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	SANCHEZ, JOHN M 5051 SW 149TH AVE. DAVIE FL 33331		NAME STREET ADDRESS CITY-ST-ZIP	20002379665 10/14/03-01065-016	52 *150,00
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY_ST_ZIP			NAME STREET ADDRESS	<u> </u>	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	•	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	/ (\ 10 /5)	Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	B. I. C	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filling 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 attrictment with an address, with all other like-empowered.					
SIGNATURE: MAICHATURE BUDUIRED Klesselect 954-966-500					
		R PRINTED NAME OF SIGNING OFFICER O	A DIRECTOR	▼ Date Day	time Phone #

To whom it may concern; This is the third time that I've tried to explain our situation with our Corporation renewel, I Spoke to Seen Timer and he advised me of the Corect way that I meeded to explain. Our original renewel was sent to the uneng address, By the time our neighbor guve is Past ito due date. Which means your to get it beach on time. Hopefully this sumple explanation will bring complete understanding for the Quissien of Corporations. Thank you Michael Cohne Document #: PO 20000 61804