
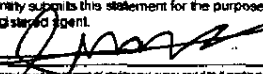



**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0200065807		
1. Entity Name G & Y PAINTING INNOVATIONS, INC.		
Principal Place of Business 765 173 TERRACE NORTH MIAMI BEACH, FL 33162		Mailing Address 765 173 TERRACE NORTH MIAMI BEACH, FL 33162
2. Principal Place of Business 2832 NE 214 Ter State, Apt. #, etc.		3. Mailing Address 2832 NE 214 Ter. State, Apt. #, etc.
City & State Aventura, FL		4. FEI Number 47-0870768 Applied For <input type="checkbox"/> Not Applicable
Zip 33180	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GAVRILOV, GAVRIEL 765 NE 173 TERRACE NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name Shahazada Yair Street Address (P.O. Box Number's Not Acceptable) 2832 NE 214 Ter. City Aventura FL Zip Code 33180
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:  DATE: 4/28/03		
9. Election Campaign Financing Trust Fund Contribution.		<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	P GAVRILOV, GAVRIEL 765 NE 173 TERRACE NORTH MIAMI BEACH, FL 33162 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAHAZADA, YAIR 765 NE 173 TERRACE NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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(5)(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 807, 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: 4-28-03 (305) 586-0500

CFR6094 (1/01/02)