2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State
05-06-2004 90170 034 ***150.00

DOCUMENT # P02000078159

1. Entity Name
MARTIN QUALITY PAINTING, INC.

04053167

Principal Place of Business	Mailing Address
5657 SW 1ST ST. MIAMI, FL 33134	5657 SW 1ST ST. MIAMI, FL 33134

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2268 NW 7 Street		2268 NW 7 Street	
Suite, Apt. #, etc.: apto # 21		Suite, Apt. #, etc.: apto # 21	
City & State: Miami, Fl		City & State: MiAMI, Fl	
Zip: 33125	Country: Miami-Dade	Zip: 33125	Country: Miami-Dade

4. FEI Number: 14-1851680 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, NURYS
5657 SW 1ST ST.
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name: Fischel, Martin
Street Address (P.O. Box Number Is Not Acceptable): 2268 NW 7 Street apto # 21
City: Miami FL Zip Code: 33125

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] Fishel, Martin 04/21/2004
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FISCHEL, MARTIN 5657 SW 1ST ST MIAMI, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Fischel, Martin 2268 NW 7 Street Apto # 21 Miami, Fl 33125	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 04/24/04 305)281-4247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #