

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000088269

1. Entity Name
DELUCA PAINTING, INC.



FILED
Apr 19, 2004 08:00 AM
Secretary of State

Principal Place of Business
119 LOK ROAD #3
DEERFIELD BEACH, FL 33442

Mailing Address
119 LOK ROAD #3
DEERFIELD BEACH, FL 33442



03252004 No Chg-P CR2E034 (10/03)

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4. FEI Number
14-1842140

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION
1261 EAST SAMPLE ROAD
POMPANO BEACH, FL 33064

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IN THIS SPACE

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
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DA SILVA, ALEX LUCAS
119 LOCK RD #3
DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/19/04-80055-023 150.00

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IN THIS SPACE

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:

Alex Lucas Silva PRESIDENT. 04/16/04 (561) 239-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #