
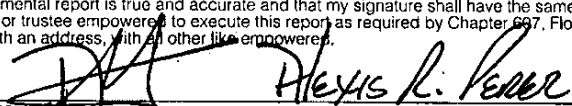


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90297 040 ***150.00

DOCUMENT # P02000097409 1. Entity Name PRESSURE & PAINT ONE, INC.			
Principal Place of Business 8134 SW 163 AVE MIAMI, FL 33193		Mailing Address 3529 SW 112 PL MIAMI, FL 33165	
2. Principal Place of Business 10261 SW 81 TERRACE Suite, Apt. #, etc.		3. Mailing Address 3529 SW 112 PL Suite, Apt. #, etc.	
City & State MIAMI FLORIDA		City & State MIAMI, FL	
Zip 33193	Country U.S. A.	Zip 33165	Country U.S.A.
4. FEI Number 37-1450572		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, ALEXIS R 8134 SW 163 AVE MIAMI, FL 33193		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00. After May 1, 2005 Fee will be \$550.00		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 PVT <input type="checkbox"/> Delete	NAME PEREZ, ALEXIS	TITLE PVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME PEREZ, Alexis
STREET ADDRESS 8134 SW 163 AVE	CITY-ST-ZIP MIAMI, FL 33193	STREET ADDRESS 10261 SW 81 TERRACE	CITY-ST-ZIP MIAMI, FL 33193
TITLE S <input type="checkbox"/> Delete	NAME PEREZ, ELIZABETH	TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME PEREZ, ELIZABETH
STREET ADDRESS 8134 SW 163 AVE	CITY-ST-ZIP MIAMI, FL 33193	STREET ADDRESS 10261 SW 81 TERRACE	CITY-ST-ZIP MIAMI, FL 33193
TITLE _____ <input type="checkbox"/> Delete	NAME _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	NAME _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	NAME _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	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(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 697, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.			
SIGNATURE: 		Date: 4/04/05 Daytime Phone #: 305-382-0333	