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## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT JUBR

Sep 12, 2003 8:00 am Secretary of State P02000098344 DOCUMENT # 09-12-2003 90098 024 \*\*\*150.00 1. Entity Name C.O.D. PAINTING, CORP. Principal Place of Business Mailing Address 1836 NW 19TH TERRACE 1836 NW 19TH TERRACE MIAMI FL 33125 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES Applied For City & State City & State 53361 u Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIGUEROA, OSCAR Street Address (P.O. Box Number is Not Acceptable) 1836 NW 19TH TERRACE MIAMI FL 33125 (8) City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIBLE ☐ Delete TITLE ☐ Channe ■ Addition FIGUEROA, OSCAR NAME NAME 1836 NW 19TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33125 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FIGUEROA, CAROLINA NAME NAME 1836 NW 19TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF **MIAMI FL 33125** CITY-ST-ZIP TITLE Delete -TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Сhange Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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 attaching it with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Date

1836 NW 19th Ter Miami Fl. 33125

## C.O.D. PAINTING CORP.

September 9, 2003

Division of Corporations

Dear Officers:

In conversation with some people there, we informed that we never received the regular annual report for 2003.

We are sending \$150 with the annual report as request by telephone.

Thank for your cooperation

Sincerely,

Carolina Figueroa

Vice-President

All about painting