## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Sep 08, 2004 08:00 AM Secretary of State DOCUMENT # P02000100629 ZUNIGA PAINTING, INC. Principal Place of Business Mailing Address 1439 NORMANDY DR. 1439 NORMANDY DR. MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 07052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 48-1279250 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZUNIGA, ADAN DO NOT WRITE 1439 NORMANDY DR. MIAMI BEACH, FL 33141 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 Fiorida. 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Due by September 8, 2004 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE NAME ZUNIGA, ADAN 1439 NORMANDY DR. STREET ADDRESS CITY - ST-ZIP MIAMI BEACH, FL 33141 IIIE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS ١ DO NOT WRITE COY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee amounted 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 appears with the empowered. SIGNATURE: TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Daylime Phone #

FILED