
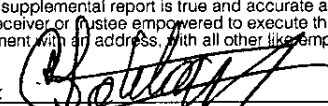


**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90556 003 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

94065048

<b>DOCUMENT # P02000103600</b> 1. Entity Name <b>SOTELO &amp; SOTELO, PAINTING, CO.</b>			
Principal Place of Business <b>14966 SW 75 TERR          MIAMI, FL 33193</b>		Mailing Address <b>14966 SW 75 TERR          MIAMI, FL 33193</b>	
2. Principal Place of Business <b>14966 SW 75 Terr.</b>		3. Mailing Address <b>14966 SW 75 Terr.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>	
Zip <b>33193</b>		Zip <b>33193</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>03-0484367</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SOTELO, LIGIA A          14966 SW 75 TERR          MIAMI, FL 33193</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>SOTELO, LIGIA A</b> STREET ADDRESS <b>14966 SW 75 TERR</b> CITY-ST-ZIP <b>MIAMI, FL 33193</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>SOTELO, EDMUNDO I</b> STREET ADDRESS <b>14966 SW 75 TERR</b> CITY-ST-ZIP <b>MIAMI, FL 33193</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>V.P.</b> NAME <b>Ligia V. Delgado</b> STREET ADDRESS <b>14966 SW 75 Terr.</b> CITY-ST-ZIP <b>Miami, FL 33193</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>S</b> NAME <b>SOTELO, LIGIA V</b> STREET ADDRESS <b>14966 SW 75 TERR</b> CITY-ST-ZIP <b>MIAMI, FL 33193</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>S.</b> NAME <b>Yulbrine Sotelo</b> STREET ADDRESS <b>14966 SW 75 Terr.</b> CITY-ST-ZIP <b>Miami, FL 33193</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE <b>T.</b> NAME <b>Blanca Jeron</b> STREET ADDRESS <b>14966 SW 75 Terr.</b> CITY-ST-ZIP <b>Miami, FL 33193</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE: *</b> 		Date <b>04/24/04</b> Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			