2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-2005 90050 010 ***150.00 **DOCUMENT # P02000106879** 1. Entity Name DANIELLA'S PAINT, CORP. 20021840 Principal Place of Business Mailing Address 155 NW 96TH TERRACE #204 155 NW 96TH TERRACE #204 PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024 2. Principal Place of Business 3. Mailing Address 3962 NW Grnd Coort 3962 NW Suite, Apt. #, etc. Suite, Apt. #, etc. 03122005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For Cacona 02-0645856 tungoo eck Not Applicable Country Country Zip \$8.75. Additional Fee Required <u> Biomaid</u> PACO POAC 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Herieco HERRERA, BELERMAN VELEZ Street Address (P.O. Box Number is Not Acceptable) 155 NW 96TH TERRACE #204 PEMBROKE PINES, FL 33024 <u>Coconud</u> Zip Code 33 () 7 3 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 Belerman Velez Hervera (NOTE: Registered Agent signature required when reinstating) SIGNATURE. inted name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P Belerman Velez Hegery TITLE ☐ Change ☐ Addition TITLE ☐ Delete HERRERA, BELERMAN VELEZ NAME 3962 NW 62nd Coort 155 NW 96TH TERRACE #204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024 CITY-ST-7IP cocombt Crecki ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete "Mi F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change ☐ Addition TITLE HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TELLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

Mar 16, 2005 8:00 am Secretary of State