



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90343 027 ***150.00

DOCUMENT # P02000126122 1. Entity Name AB PAINTING, INC.			
Principal Place of Business 425 S.W. 1ST ST. #105 POMPANO BEACH, FL 33060		Mailing Address 425 S.W. 1ST ST. #105 POMPANO BEACH, FL 33060	
2. Principal Place of Business 703 GARDENS DR Suite, Apt. #, etc. APT. # 102 City & State POMPANO BEACH FL Zip Country 33069 USA		3. Mailing Address 703 GARDENS DR Suite, Apt. #, etc. APT. # 102 City & State POMPANO BEACH FL Zip Country 33069 USA	
4. FEI Number 65-1167730		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 BUENO, ALEXANDER 425 S.W. 1ST ST. #105 POMPANO BEACH, FL 33060		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	D BUENO, ALEXANDER 425 S.W. 1ST ST. #105 POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUENO, ALEXANDER 703 GARDENS DR APT. 102 POMPANO BEACH, FL 33069 <input checked="" 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
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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.			
SIGNATURE: 		PRESIDENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 04/27/04 (954) 448-2388	