

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000127624

Entity Name: DEL RIO PAINTING INC

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

11593 TWIN OAK ST.
JACKSONVILLE, FL 32258

New Principal Place of Business:

11593 TWIN OAK TRL.
JACKSONVILLE, FL 32258

Current Mailing Address:

11593 TWIN OAK ST.
APT 2906
JACKSONVILLE, FL 32258

New Mailing Address:

11593 TWIN OAK TRL.
JACKSONVILLE, FL 32258

FEI Number: 55-0807980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL RIO, WILSON
7740 SOUTHSIDE BLVD
APTO 2906
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

DEL RIO, WILSON
11593 TWIN OAKS TRL.
JACKSONVILLE, FL 32258 US

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.

SIGNATURE:

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEL RIO, WILSON
Address: 11593 TWIN OAK ST.
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEL RIO, WILSON
Address: 11593 TWIN OAK TRL.
City-St-Zip: JACKSONVILLE, FL 32258

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILSON DEL RIO

P

04/19/2005

Electronic Signature of Signing Officer or Director

Date