

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90042 048 \*\*\*150.00

<b>DOCUMENT # P02000129732</b> 1. Entity Name <b>RANGEL PAINT, INC.</b>					
Principal Place of Business <b>2651-MAITLAND-CROSSING #203</b> <b>ORLANDO, FL-32810</b>				Mailing Address <b>2651-MAITLAND-CROSSING #203</b> <b>ORLANDO, FL-32810</b>	
2. Principal Place of Business <b>2717 MAITLAND CROSSING</b>		3. Mailing Address <b>2717 MAITLAND CROSSING</b>			
Suite, Apt. #, etc. <b>#207</b>		Suite, Apt. #, etc. <b>#207</b>			
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>			
Zip <b>32810</b>		Zip <b>32810</b>			
Country <b>U.S.</b>		Country <b>U.S.</b>		01302004    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>51-0438151</b>				<input type="checkbox"/> 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>RANGEL, AMADOR</b> <b>2651-MAITLAND-CROSSING #203</b> <b>ORLANDO, FL-32810</b>				7. Name and Address of New Registered Agent Name <b>AMADOR RANGEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>2717 MAITLAND CROSSING WAM #207</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32810</b>	
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 <u>AMADOR RANGEL</u> (NOTE: Registered Agent signature required when reinstating)    DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARD, CANDICE 2651 MAITLAND CROSSING #205 ORLANDO, FL 32810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CANDICE WARD 2717 MAITLAND CROSSING #207 ORLANDO FL 32810
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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: <u>AMADOR RANGEL</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/17/04    407/948-6838 <small>Date    Daytime Phone #</small>		