

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90093 013 ***150.00

DOCUMENT # P02000131508

1. Entity Name

CLAUDIO CORDERO PAINTING INC.



Principal Place of Business

2418 SHELBY CIR
KISSIMMEE FL 34743
US

Mailing Address

2418 SHELBY CIR
KISSIMMEE FL 34743
US



MOORE CR2E034 (11/03)

2. Principal Place of Business

KISSIMMEE, FL.

3. Mailing Address

Suite, Apt. #, etc.

2418 SHELBY CIR.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL.

City & State

4. FEI Number

93-2759538

Applied For

Not Applicable

Zip

34743

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYDENEN, GLORIA
2700 MYERS RD
KISSIMMEE FL 34743

7. Name and Address of New Registered Agent

Name GLORIA HAYDENEN
Street Address (P.O. Box Number is Not Acceptable)
2700 MYERS RD.

City KISSIMMEE FL Zip Code 34743

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 Gloria Hayden

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D Delete
NAME CORDERO, CLAUDIO
STREET ADDRESS 2418 SHELBY CIR
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Cordero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-04

Date

407-9283214

Daytime Phone #