


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-05-2004 90027 012 ***150.00

DOCUMENT # P03000001936 1. Entity Name COLOR 2 RESTORE, INC.					
Principal Place of Business 775 SILVER CLOUD CIRCLE APT. 101 LAKE MARY FL 32746 US			Mailing Address 775 SILVER CLOUD CIRCLE APT. 101 LAKE MARY FL 32746 US		
2. Principal Place of Business Suite, Apt. #, etc. 3045 Fawn Lake Blvd		3. Mailing Address P.O. Box 373			
City & State Mims, Florida		Suite, Apt. #, etc. Mims, FL			
Zip 32754		Country US		4. FEI Number 06-1681908	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NIEVES, JOSE A 775 SILVER CLOUD CIRCLE APT. 101 LAKE MARY FL 32746			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME NIEVES, JOSE A		<input type="checkbox"/> Delete		
STREET ADDRESS 775 SILVER CLOUD CIRCLE APT. 101	CITY-ST-ZIP LAKE MARY FL 32746		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME NIEVES, MARY I		<input type="checkbox"/> Delete		
STREET ADDRESS 775 SILVER CLOUD CIRCLE APT. 101	CITY-ST-ZIP LAKE MARY FL 32746		VP, Managing Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>Jose A Nieves</u> <u>4/1/4</u> <u>407-314-0232</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					