2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90973 037 ***150.00

DOCUMENT # P0300004045 1. Entity Name RIOS PAINTING CORP.							05-02-2005 90973 037 ***150.00				
Principal Plac	e of Busines	SS			ı		,				
9640 VICTORIA LANE 9640 VICTORIA LANE #301 #301											
NAPLES, FL 34109 NAPLES, FL 34109							 	I ubias ikil balai abili a	IBINI SBINI EBINI B	(B)) BBM) BIABCAN	
2. Principal Place of Business 3. Mailing Address											
Suite, Api.		OTHOR LAND AN	J472 Suffr Suite, Apt. #, etc.				04282005	Cha D	CDAE	034 (10/03)	
City & State			City & State			4. FEI Numb	Chg-P	UNZE		plied For	
NAPLOS, FL			NAPLOS, FL				65-116			No	t Applicable
^{zi} 3411	9	Country Country	34119		Country Q		5. Certificate	e of Status Desired		\$8.75 Add Fee Required	
	6. Nam	e and Address of Current	Registered Agent		Name			Address of New	Registered	Agent	
RIOS, ANA B											
9640 VICT #301	ORIA LA	NE .		Street Address			(P.O. Box Number is Not Acceptable) SUTFIBELAND AUF				
NAPLES, FL 34109											
					City N				Fl	<u> </u>	119
8. The above the obligat	named enti	ity submits this statement fo tered agent.	r the purpose of changing	its register	ed office or	register	ed agent, or bo	oth, in the State of	Florida. I am	familiar with,	and accept
SIGNATURE			3	Yr	e5,2	eu	7		4	1281	20
SIGNATURES	Signature, type	d or printed name of registered agent	and little if applicable. (N	VOTE: Registere	ed Agent signat	ure required	when reinstating)		DATE	* t	
		FEE IS \$150.00 5 Fee will be \$550.	9. Election Cam Trust Fund C	. •	~ —		.00 May Be ed to Fees				
10.	OMNE	OFFICERS AND		11.		P		/CHANGES TO O		D DIRECTOR:	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	9640 VIC	ESAR A OWNER CTORIA LANE # 301 , FL 34109	☐ Delete	-	LE ME EET ADDRESS 7-ST-ZIP	R101	S, CEST	12A 102LAND F 1L 3411	hog.	□ Change	
TITLE	NAPLES	, FL 34109	Delete	ПП	-	<i>/</i> / / / /	<u> </u>	0 3411		Change	Addition
NAME				NAM STR	ME EET ADDRESS						
STREET ADDRESS CITY ST-ZIP		*.			r-ST-ZIP						
TITLE			☐ Delete	ТПТ						☐ Change	Addition
NAME STREET ADDRESS				NAM STR	AE Eet address						
CITY-ST ZIP				CIT	r-ST-ZIP	<u> </u>					
TITLE			☐ Delete	THE						☐ Change	Addition
NAME STREET ADDRESS				STR	EET ADDRESS						
CITY-ST-ZIP				CIT	Y-ST-ZIP					Change	Addition
TITLE NAME		-	☐ Delete	NAM						C Sumile	
STREET ADDRESS					EET ADDRESS Y-ST-ZIP						
CITY - ST - ZIP	!		☐ Delete	TITI						☐ Change	Addition
NAME				NAM	ME IEET ADDRESS						
STREET ADDRESS CITY - ST - ZIP					Y-ST-ZIP						
12 I hereby	certify that to on this representation or poration or or on an all	he information supplied with ort or supplemental report in the receiver or trustee emp trachment with an address.	h this filing does not qualify s true and accurate and th lowered to execute this rep with all other like empowe	y for the extend the formal signal si	emption sta ature shall h ired by Ch	ted in Se have the apter 60	ection 119.07(3 same legal effe 7, Florida Statut)(i), Florida Statute ect as if made und- tes; and that my na	s. I further co er oath; that ame appears	ertify that the i lam an officer in Block 10 o	nformation or director r Block 11 if
SIGNAT	IIBE	/	30	<u>ÉS91</u>	· K	َ کِی	Tresi	deut 2	1/28/0	7	
SIGNA	₩	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFI	CER OR DIREC	тон - Т			Date		Daytime Phone #	- حيسه بيد ت