

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-07-2004 90053 007 ***150.00
04-26-2004 90511 011 *****8.75

| | | |
|--|--|---|
| DOCUMENT # P03000015222 | |  |
| 1. Entity Name CAED'S PAINTING & WATERPROOF DESIGNS, CORP. | | |

| | |
|---|---|
| Principal Place of Business 20SW 108 AVE #F1 MIAMI FL 33174 | Mailing Address 20SW 108 AVE #F1 MIAMI FL 33174 |
|---|---|

| | | | |
|--|------------------------|---------------------|---------|
| 2. Principal Place of Business 20 SW 108 AVE | | 3. Mailing Address | |
| Suite, Apt. #, etc. # F1 | | Suite, Apt. #, etc. | |
| City & State MIAMI FL | | City & State | |
| Zip 33174 | Country DADE | Zip | Country |



MOORE CR2E034 (11/03)

| | |
|---|--|
| 4. FEI Number 43-1999982 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent RIVAS, RENE E 20SW 108 AVE #F1 MIAMI FL 33174 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|---|--|

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RIVAS, RENE E 20SW 108 AVE #F1 MIAMI FL 33174 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Rene. Rivas 20SW 108 AVE #F1 MIAMI FL 33174 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: *Rene E. Rivas* **Apr 1-02-04 (303) 302-9746**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #