


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90171 042 ***150.00

DOCUMENT # P03000019908

1. Entity Name
NAVEIRA PAINTING, INC.



Principal Place of Business
**9731 FONTAINEBLEAU BLVD., SUITE 111
 MIAMI, FL 33172**

Mailing Address
**9731 FONTAINEBLEAU BLVD., SUITE 111
 MIAMI, FL 33172**

2. Principal Place of Business
17203 S.W. 115th Avenue

3. Mailing Address
Same


Suite, Apt. #, etc.
Same

City & State
MIAMI, FL

City & State
Same

Zip
33157

Country
U.S.A



03312004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1173602

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NAVEIRA, JORGE
9731 FONTAINEBLEAU BLVD., SUITE 111
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name
Jorge Naveira

Street Address (P.O. Box Number is Not Acceptable)
17203 SW 115th Avenue

City
Miami

State
FL

Zip Code
33157

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: Jorge Naveira DATE: 4/14/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAVEIRA, JORGE 9731 FONTAINEBLEAU BLVD., SUITE 111 MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAUPERA, LUIS 12020 SW 178TH TER MIAMI, FL 33193	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME 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: Jorge Naveira DATE: 4/14/04 DAYTIME PHONE #: (786) 210-6966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment



14020459

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 31, 2004

NAVEIRA PAINTING, INC.
17203 SW 115TH AVENUE
MIAMI, FL 33157

SUBJECT: NAVEIRA PAINTING, INC.
Ref. Number P03000019908

Although you attempted to download an annual report form, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

An officer or director must sign the report.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 504A00021040

attachment

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#P03000019908



Division of Corporations

Annual Report

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Document Number
P03000019908
Business Entity Name
NAVEIRA PAINTING, INC.

FEI Number 651173602
FEI Number Status Applied For Not Applicable Current
Certificate of Status Desired Yes No

Principal Place of Business

Address 17203 SW 115th Avenue
Suite, Apt. #, etc. _____
City, State MIAMI, FL
Zip Code & Country 33157

Mailing Address

Address 17203 SW 115th Avenue
Suite, Apt. #, etc. _____
City, State MIAMI, FL
Zip Code & Country 33157

Name And Address of Registered Agent

Name (Last, First, Middle, Title) NAVEIRA, JORGE
-or- RA Business Name _____
Address 17203 SW 115th Avenue
Suite, Apt. #, etc. _____
City, State MIAMI, FL
Zip Code & Country 33157

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Jorge naveira

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Division of Corporations

Annual Report

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Document Number
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Business Entity Name
NAVEIRA PAINTING, INC.

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Title PD
Name (Last, First, Middle, Title) NAVEIRA JORGE
-or- Entity Name
Street Address 17203 SW115th Avenue
City, State MIAMI FL
Zip Code & Country 33157

Title VD
Name (Last, First, Middle, Title) GRAUPERA LUIS
-or- Entity Name
Street Address 12020 SW 178TH TER.
City, State MIAMI FL
Zip Code & Country 33193

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address

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City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

-Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

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[Public Access Help](#)

Attachment

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Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **P03000019908**

Tracking Number: **700030510947**

The charge for your Annual Report is
\$150.00

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

Continue

Sunbiz Home Page

Public Access Help

Attachment

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PO 3000019908

MISCELLANEOUS WORK

The following items shall be required:

1. Approval from the Building Official.
2. Write all applicable square/linear footage on the permit application.
3. Completed signed and notarized permit application.

PAINTING

The following items shall be required:

1. Sample of paint color and name of manufacturer.
2. Applications for this type of work are administratively approved by staff.
3. If the proposed color is one that cannot be approved by staff administratively, the application must be submitted to the Board of Architects (see page 48) for approval with 35mm photographs of the property mounted on 8 1/2" X 11" paper.
4. For multiple colors on a building, two (2) elevation drawings of the entire building indicating the proposed painting plan must also be submitted to the Board of Architects.
5. For a commercial building, write square footage of the area to be painted on the permit application.
6. Completed signed and notarized permit application.

PAINTING OF ROOF

The following items shall be required:

1. Sample of paint color and name of manufacturer.
2. Applications for this type of work are administratively approved by staff.
3. If the application is to paint the roof a different color than what is existing, the application must be submitted to the Board of Architects (see page 48) for approval.
4. Request to change the roof color will require an affidavit (see sample form) from the Board of Architects Division providing for the maintenance of the roof free of chipping, mildew and fading.