

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90066 043 ***158.75

DOCUMENT # P03000020403

1. Entity Name
ALLIANCE H & M PAINTING INC.



Principal Place of Business Mailing Address

~~6661 SW 127 PATH~~ ~~MIAMI, FL 33183~~ ~~6661 SW 127 PATH~~ ~~MIAMI, FL 33183~~

14002358

2. Principal Place of Business 3. Mailing Address

106-50 S.W 186 LN. **P.O. Box 831254**

Suite, Apt. #, etc. Suite, Apt. #, etc.



03152004 Chg-P CR2E034 (10/03)

City & State **Miami, FL.** City & State **Miami, FL.**

Zip **33157** Country **Dade** Zip **33283** Country **Dade**

4. FEI Number **30-0158060** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

YOUSSEF, MOHAMED A
~~6661 SW 127 PATH~~ ~~MIAMI, FL 33183~~ **P.O. Box 831254**
Miami, FL
33283

7. Name and Address of New Registered Agent

Name **Mohamed Youssef**

Street Address (P.O. Box Number is Not Acceptable) **106 50 S.W. 186 LN.**

City **Miami, FL.**

City **Miami, FL.** 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  DATE **4/12/04**

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

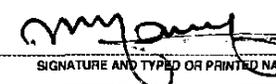
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT YOUSSEF, MOHAMED A 6661 SW 127 PATH MIAMI, FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ELSADEK, HESHAM 6661 SW 127 PATH MIAMI, FL 33183	<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	PVTS Mohamed Youssef P.O. Box 831254 Miami, FL 33283	<input checked="" 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:  DATE **4/12/04** 305-299-8991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #