## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT # P03000021344 FILED M.A.S. PAINTING INTERNATIONAL, INC. AUG 30 PM 3: 29 Mailing Address SECRETARY OF STAIL Principal Place of Business LAHASSEE, FLORIDA 595 CARIBBEAN BLVD. EAST PO BOX 192 SUMMERLAND KEY, FL 33042 KEY WEST, FL 33041 2. Principal Place of Business 250 NE 58 S-Ivee 1 3. Mailing Address street 250 NE 58 Suite, Apt. #, etc. 08262004 CR2E034 (10/03) Chg-P À A City & State 4. FEI Number Applied For FC Foer LOUDERS ACE FORT LAUDERDALE 54-2098767 Not Applicable Zip BLOWARD \$8.75 Additional 220 WARD 5. Certificate of Status Desired **3334** 33334 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SABAROTS, MIGUEL A 595 CARIBBEAN BLVD, EAST Street Address (P.O. Box Number is Not Acceptable) SUMMERLAND KEY, FL 33042 City 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 SIGNATURE d agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TILLE Change 1 ☐ Addition NAME SABAROTS, MIGUEL ANGEL NAME 250 4 NE 58 Steet STREET ADDRESS 595 CARIBBEAN BLVD. EAST STREET ADDRESS CITY-ST-7P SUMMERLAND KEY, FL 33042 CITY-ST-ZIP FORT LOUDERDOLF FC 33334 TM F □ Delete TITLE **尺** Change ■ Addition ALAYON, FANNY NAME NAME STREET ADDRESS 595 CARIBBEAN BLVD, EAST STREET ADDRESS SUMMERLAND KEY, FL 33042 CITY-ST-ZIP CITY-ST-7IP 33334 TITLE Delete TITLE Addition NAME NAME 74-016-2-06° STREET ADDRESS STREET ADDRESS **₹**₹70.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-SY-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 dustee 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 attachme with all other like empowered. SIGNATURE: ME OF SIGNING OFFICER OR DIRECTOR