2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Mar 19, 2004 8:00 am Secretary of State **DOCUMENT # P03000025898** 03-03-2004 90005 012 \*\*\*150.00 1. Entity Name PALM BEACH SANDBLASTING, INC. Principal Place of Business Mailing Address 3802 GEORGIA AVENUE WEST PALM BEACH FL 33405 5601 GEORGIA AVENUE WEST PALM BEACH FL 33405 66406822 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State Applied For . 83-0350003 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, LEONARDO Street Address (P.O. Box Number is Not Acceptable) 5601 GEORGIA AVENUE **WEST PALM BEACH FL 33405** 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 registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 me resident TITLE ☐ Change Addition Leonardo Perez NAME NAME STREET ADDRESS STREET ADDRESS Sed Georgia the CITY-ST-ZIP City-ST-7P st Palm Beach 3405 TITLE TITLE ☐ Change ☐ Addition C Celete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delate TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify to 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 frue and adcurate 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 ufquired 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:

CER OR DIRECTOR

Davrime Phone #

**FILED**