


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90194 027 \*\*\*150.00

<b>DOCUMENT # P03000026644</b>	
1. Entity Name <b>MATTHEW'S PAINTING &amp; REMODELING, INC.</b>	

Principal Place of Business <b>1506 AVLEIGH CIR. ORLANDO, FL 32824</b>	Mailing Address <b>1506 AVLEIGH CIR. ORLANDO, FL 32824</b>
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
City & State	City & State	Zip	Country

	
04072004 Chg-P	CR2E034 (10/03)
4. FEI Number <b>75-3104842</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

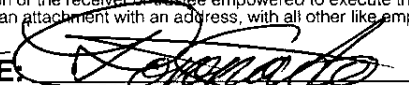
6. Name and Address of Current Registered Agent	
<b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>	

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	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	
NAME	CORONADO, JUAN C	NAME	
STREET ADDRESS	1506 AVLEIGH CIR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32824	CITY-ST-ZIP	
TITLE	VSD	TITLE	
NAME	URDAZ, VICTOR M	NAME	
STREET ADDRESS	1506 AVLEIGH CIR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32824	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 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:  President.	4-29-04 (407)681-8386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date / Daytime Phone # /