


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90367 001 ***150.00
04-27-2005 90367 002 *****8.75

DOCUMENT # P03000030118 1. Entity Name JUAN OBREGON PAINTING SERVICE, INC.					
Principal Place of Business 5040 SW 13TH STREET NORTH LAUDERDALE, FL 33068			Mailing Address 5040 SW 13TH STREET NORTH LAUDERDALE, FL 33068		
2. Principal Place of Business 1833 N. Jog Rd #104		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State West Palm Beach FL		City & State		4. FEI Number 81-0601926	
Zip 33411		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSEPH K. NOFIL, P.A. 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319				7. Name and Address of New Registered Agent Name Juan OBREGON Street Address (P.O. Box Number is Not Acceptable) 1833 N JOG Rd #104 West Palm Beach City FL Zip Code 33411	
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: <u><i>Juan Obregon</i></u> <small>Signature, by officer printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OBREGON, JUAN 5040 SW 13TH STREET NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD. OBREGON Juan. 1833 N JOG Rd #104 West Palm Beach FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u><i>Juan Obregon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					