FILED
May 24, 2004 8:00 am
Secretary of State

04-26-2004 90988 031 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000032441

1. Entity Name
E.B. PAINTING SERVICES, INC.

66423696

Principal Place of Business	Mailing Address
~~5040 SW 13TH STREET~~	~~5040 SW 13TH STREET~~
~~NORTH LAUDERDALE, FL 33068~~	~~NORTH LAUDERDALE, FL 33068~~

03172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1541 NE 32ND PLACE	← SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH FL	City & State
Zip: 33064 Country: BROWARD	Zip Country

4. FEI Number: 651177786 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUBROW DUKER & ASSOCIATES, P.A.	Name
2382 UNIVERSITY DRIVE	Street Address (P.O. Box Number is Not Acceptable)
CORAL SPRINGS, FL 33065	City FL Zip Code

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 ________________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GARCIA, EDUARDO	NAME	
STREET ADDRESS	~~5040 SW 13TH STREET~~	STREET ADDRESS	1541 NE 32ND PLACE
CITY-ST-ZIP	~~NORTH LAUDERDALE, FL 33068~~	CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 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: X EDUARDO GARCIA 4/24/04 954 782-04-15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #