

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/30/2004-90339-022-\$158.75-\$158.75



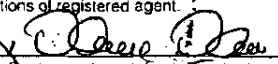
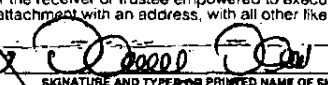
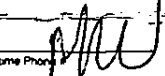
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04 MAY 26 PM 10: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04132004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000044965</b>			
1. Entity Name IQ PLASTERING & PAINTING, INC			
Principal Place of Business 1001 N CENTRAL AVENUE KISSIMMEE, FL 34741		Mailing Address 1001 N CENTRAL AVENUE KISSIMMEE, FL 34741	
2. Principal Place of Business		3. Mailing Address P.O. Box 452512	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Kiss. Fla.	
Zip		Zip 34745	
Country		Country OSCEOLA	
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALARCON, MARIO 1001 NORTH CENTRAL AVENUE KISSIMMEE, FL 34741		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 04-14-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P ALARCON, MARIO 1001 NORTH CENTRAL AVENUE KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNNY ROMERO 324 FIELDSTREAM BLVD ORLANDO, FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>JOHNNY ROMERO</del> <del>324 FIELDSTREAM</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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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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: 		DATE 04-14-04 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	