

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90061 037 ***150.00

DOCUMENT # P03000046988		
1. Entity Name MAHALO PAINTING, INC.		

Principal Place of Business 900 NW 45TH STREET APT 201 POMPANO BEACH, FL 33064	Mailing Address 900 NW 45TH STREET APT 201 POMPANO BEACH, FL 33064
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2. Principal Place of Business 3150 LEEWOOD TERRACE Suite, Apt. #, etc. L-226 City & State BOCA RATON, FL Zip 33431 Country USA	3. Mailing Address 3150 LEEWOOD TERRACE Suite, Apt. #, etc. L-226 City & State BOCA RATON, FL Zip 33431 Country USA
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03302005 Chg-P CR2E034 (10/03)

4. FEI Number 86-1059227	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$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 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 _____ (NOTE: Registered Agent Signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS GHISLANDI, CARLOS R 900 NW 45TH STREET APT 201 POMPANO BEACH, FL 33064 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3150 LEEWOOD TERRACE # L-226 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: GHISLANDI DATE: 04-09-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #