

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2004 08:00 AM**  
**Secretary of State** <sup>ATX1</sup>

<b>DOCUMENT #</b> P03000046992
<b>1. Entity Name</b> American Jireh Painting, Corp.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 6209 W. Commercial Boulevard, Suite 7 Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
<b>City &amp; State</b> Tamarac, FL		<b>City &amp; State</b>	
<b>Zip</b> 33319	<b>Country</b>	<b>Zip</b>	<b>Country</b>

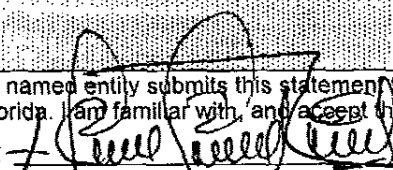
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<b>4. FEI Number</b> 86-1059224		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> William Soto	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 6209 West Commercial Boulevard	
<b>Suite 7</b>	
<b>City</b> Tamarac	<b>FL</b>
<b>Zip Code</b> 33319	

**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**  **President** 5/5/04

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

**January 1, May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PTSVD William Soto 6209 W Commercial Bld, Suite 7 Tamarac, FL 33319
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<b>11.</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	U00000159827 05/11/04 30004-017 150.00
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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)(l), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **President** 5/5/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #