2004 FOR PROFIT CORPORATION. ANNUAL REPORT

FILED May 10, 2004 8:00 am Secretary of State 04-21-2004 90021 042 ***150.00

1. Entity Name A&A PAINTING AND RESTORATION, INC.						04-21-2004 90021 042 *****130.00				
Principal Place	e of Business	Mailing Address	Mailing Address							
2915 WEST OHIO AVENUE TAMPA, FL 33607 US		2915 WEST OHIO.AVENUE					n said thán saidh		I ss i ki kat i	
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, elc.	Suite, Apl. #, etc.				Chg-P	CR2E034	(10/03)		
City & State		City & State	<u> </u>			04074	<u> </u>	No	plied For Applicable	
Zip	Country	Zip	Cour	ntry		of Status Desired		8.75 Add se Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
CERRUD, EURIBIADES II				Street Address (P.O. Box Number is Not Acceptable)						
111 N. ORANGE AVENUE				Sireel Addre	Joress (P.O. Box Number is Not Acceptable)					
ORLANDO, FL 32801				City			f=1	Zip Code	,	
				<u> </u>			FL	<u> </u>		
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 Signature, typed or printed name of registered agent and tide if applicable. (INOTE: Registered Agent signature required when reinstating) OATE										
FILE NOW!!! FEE IS \$150.00 -9: Election Campaign Financing \$5.00 May In After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.							·			
10.		AND DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF				
TITLE NAME	PVST ALVAREZ, PEDRO R SR.	☐ Delete	TITL Nam				l	Change	Addition	
STREET ADORESS CITY-ST-ZIP	2915 WEST OHIO AVENUE ST			EET ADDRESS '-ST-ZIP						
TITLE		☐ Delete	m	- 1			1	Change	☐ Addition	
NAME STREET ADDRESS CITY+ST-ZIP				KE EET ADORESS '-ST-ZIP						
TITLE		☐ Delete	IM				[] Change	Addition	
NAME STREET ADORESS			NAM STRE	EET ADDRESS						
CITY-ST-ZIP				-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
TITLE NAME		☐ Delete	TITL: NAM	· i				Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STR	EET ADDRESS						
TITLE		☐ Delete	TITL			. •	,	Change	☐ Addition	
NAME Street Address			NAM STRI	RE ADDRESS				. . .		
CITY-ST-ZIP		3'-1	; CITY	/-ST-ZIP						
TITLE NAME		☐ Delete	" ITTL NAM				i	Change	Addition	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP	<u> </u>	<u> </u>		r-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 turble 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: PAN TURE OF PRINTING OF PRINTIN										