


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 19, 2004 8:00 am**  
**Secretary of State**

08-19-2004 90051 002 \*\*\*150.00

<b>DOCUMENT # P03000071775</b>	
<b>1. Entity Name</b> AMERICAN ALL-PRO PAINTING, TEXTURES AND COATING, INC.	

<b>Principal Place of Business</b> 12474 CRYSTAL POINT DR UNIT 202 BOYNTON BCH FL 33437	<b>Mailing Address</b> 12474 CRYSTAL POINT DR UNIT 202 BOYNTON BCH FL 33437
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (4/04)

**54068876**

<b>6. Name and Address of Current Registered Agent</b> LAMONT & NEIMAN, P.A. ONE BISCAYNE TOWER STE 3550 TWO SOUTH BISCAYNE BLVD MIAMI FL 33131	
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<b>4. FEI Number</b> 57-1179016	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

<b>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.</b>	
<b>SIGNATURE</b>	<b>DATE</b>

<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	<b>9. Election Campaign Financing</b> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution. <input type="checkbox"/>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MISONZNICK, MICHAEL 12474 CRYSTAL POINT DR UNIT 202 BOYNTON BCH FL 33437 <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	D MISONZNICK, CATRINA 12474 CRYSTAL POINT DR UNIT 202 BOYNTON BCH FL 33437 <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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<b>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.</b>	
<b>SIGNATURE:</b> <i>CATRINA MISONZNICK</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>7/31/04</b> Date <b>706-8460</b> Daytime Phone #