


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

FILED

1072

DOCUMENT # PD300094157
 1. Entity Name
W. B. P. PAINTING, INC.



04 NOV -2 PM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4440 NW 171ST ST
 Suite, Apt. #, etc.

3. Mailing Address
4440 NW 171ST ST
 Suite, Apt. #, etc.

REINSTATEMENT 04

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City & State
OPALOCKA FL

City & State
OPALOCKA FL

Zip
33055 Country

Zip
33055 Country

4. FEI Number
20-0183163

5. Certificate of Status Desired \$8.75 Additional Fee Required

Applied for Not Applicable

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7. Name and Address of Current Registered Agent

Name
AUGUSTO AGUIRRE

Street Address (P.O. Box Number is Not Acceptable)
4440 NW 171ST ST

City
OPALOCKA FL Zip Code
33055

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] DATE 10/15/04

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

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>D</u> <u>AGUIRRE AUGUSTO</u> <u>4440 NW 171ST ST</u> <u>OPALOCKA FL 33055</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP [REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP [REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP [REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP [REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP [REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP [REDACTED]

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 10/15/04

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

CR2E034B (12/02)

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FILED

W.B.P. PAINTING, INC.
4440 NW 171ST STREET
OPA LOCKA FL 33055

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 15, 2004

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: W.B.P. PAINTING, INC.
DOCUMENT#: P03000094157

Dear Sir or Madam:

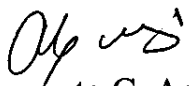
Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,


Augusto C. Aguirre