2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90521 034 ***150.00

DOCUMENT # **P03000099287**

1. Entity Name
HESHAM PAINTING, INC

Principal Place of Business	Mailing Address
14525 SW 88 ST #J208 MIAMI FL 33186	14525 SW 88 ST #J208 MIAMI FL 33186

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
22361 SW 127 PL	22361 SW 127 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MiAMi Florida	City & State: MiAMi Florida
Zip: 33170 Country: DAte	Zip: 33170 Country: DAte

4. FEI Number: 20-0287506 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELSADEK, HESHAM A
14525 SW 88 ST #J208
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name: ELSADEK, Hesham A
Street Address (P.O. Box Number is Not Acceptable): 22361 SW 127 PL
City: MiAMi FL Zip Code: 33170

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: Hesham Elsadek DATE: 04/15/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
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	P	☑ Delete
NAME	ELSADEK, HESHAM A	
STREET ADDRESS	14525 SW 88 ST #J208	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		☐ Delete
NAME	ELSADEK Hesham A	
STREET ADDRESS	22361 SW 127 PL	
CITY-ST-ZIP	MiAM FL 33170	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-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 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: Hesham Elsadek 04/15/2004 3053000331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #