

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000099287

1. Entity Name

HESHAM PAINTING, INC



Principal Place of Business

Mailing Address

22361 SW 127 PL
MIAMI FL 33170

22361 SW 127 PL
MIAMI FL 33170



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/04)

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

ELSADEK, HESHAM A
22361 SW 127 PL
MIAMI FL 33170

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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 title, if applicable

(NOTE: Registered Agent signature required when amending)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ELSADEK, HESHAM A
STREET ADDRESS 22361 SW 127 PL
CITY- ST- ZIP MIAMI FL 33170

TITLE ☐ Change ☐ Addition
NAME UN00000252964
STREET ADDRESS 03/07/05-80013-019 150.00
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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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

03/05/2005 3053000331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #