

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

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90256 019 ***150.00

DOCUMENT # P03000101332
1. Entity Name
PAINTING ETC, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10150 S.W. 88TH ST Suite, Apt. #, etc. UNIT 103 City & State MIAMI, FL		3. Mailing Address 10150 S.W. 88TH ST Suite, Apt. #, etc. UNIT 103 City & State MIAMI, FL	
Zip 33176	Country USA	Zip 33176	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-2029761	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name OFELIA GOMEZ
Street Address (P.O. Box Number is Not Acceptable) 10150 S.W. 88TH STREET
UNIT 103
City MIAMI
FL Zip Code 33176

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.

SIGNATURE *X*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P OFELIA GOMEZ 10150 SW 88TH ST UNIT 103 MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MYLENE LOPEZ 10150 SW 88TH ST UNIT 103 MIAMI, FL 3376	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Ofelia Gomez* 04/22/04 305-598-5065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/11/2004 12:00:00 PM