2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000106438 04 OCT 13 AM 9: 44 FLORIDA PAINTERS CONTRACTORS, INC SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 11650 NW 47TH DRIVE 11650 NW 47TH DRIVE CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 3. Malling Address 269 Nu 2. Principal Place of Business 2 th ST tu st -69 NW 12 Suite. Apt. #, etc Suite, Apt. #, etc. CR2E034 (10/03) 05182004 Chg-P Applied For City & State City & State 4. FEI Number BOGAR 68-0573544 Not Applicable \$8.75 Additional Count 5. Certificate of Status Desired 7. Name and Address of New Registered Agent VERA. CARLOS E 14650 NW 47TH DRIVE 269 NW 12th ST. Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS, FL 33076 BOGA RATION PC 33432 Zip Code City 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 SIGNATURE (NOTE: Recistered Agent agreture required when rematitized) \$5.00 May Bo 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Oelete Change Addition TITLE TITLE VERA, CARLOS E NAME NAME MESONWATH DRIVE 269 NW 12Th ST STREET ADDRESS STREET ADORESS CORAL SPRINGS, FL 33078 BOCA RATUR, 1 CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Change Addition TITLE NAME NAME 33432 STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME MARIE STREET ACCRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZP ' Change Addition DRE ☐ Datete TILE NAME MAME STREET ADDRESS STREET ADDRESS CITY_ST_7/P CITY-ST-7/P TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition IME TITLE NAME NAME --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 12. I hereby certify that the information-edfiplied with his filling 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the peciever or trustee empoweded 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 advises, with all other like empowered. **SIGNATURE** SIGNATURE AND TYPED OR PROITED NAME OF SIGNING OFFICER OR DIRECTOR Deze Daytime Phone

9/10/2004-90001-008-\$150.00-\$150.00