## 2004 FOR PROFIT CORPORATION

## Mar 17, 2004 8:00 am ANNUAL REPORT (AR) Secretary of State DOCUMENT # P03000108405 1. Entity Name 03-17-2004 90004 010 \*\*\*150.00 ARISTOCRAT PAINTING, INC. Principal Place of Business Mailing Address 6291 BAHIA DEL MAR CIRCLE #104 ST PETERSBURG FL 33715 6291 BAHIA DEL MAR CIRCLE #104 ST PETERSBURG FL 33715 2. Principal Place of Business 3. Mailing Address 7431 39th Cr 429 Honke Cristo SLUD East Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 81-063434-1 Not Applicable Sarusota Turra Country \$8.75 Additional 5. Certificate of Status Desired 33715 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR **MIAMI FL 33145** City 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 reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MILE ☐ Delete TITLE Dresivent Change ☐ Addition FACCADIO, John FACCADIO, JOHN NAME NAME 629 Monie Cristo BLVD 6291 BAHIA DEL MAR CIRCLE #104 STREET ADDRESS STREET ADDRESS Tierra Verse FL ST PETERSBURG FL 33715 CITY-ST-ZIP CITY - ST- 7IP TITLE Delete TITLE Pr-4-51 BEAT ☐ Change ★ Addition NAME NAME Lozada Valentin 7431 39th CT East STREET ADDRESS STREET ADDRESS Sarusota FL CITY-ST-ZIP CITY-ST-ZIP 34243 TITLE Delete Tres Addition JODI -FACULLO NAME NAME BUVD 429 Monte Cristo STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TURIO VERDE FL 33715 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition THEF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Josi Jaccario GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

284-5755