


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90009 034 \*\*\*150.00

|   |  |   |   |   |   |
|---|--|---|---|---|---|
| <b>DOCUMENT # P03000108635</b><br>1. Entity Name<br><b>MICHELLE ROJAS PAINT A WISH, INC.</b>  |  |   |   |  |   |
| Principal Place of Business<br><b>342 191 STREET</b><br><b>SUNNY ISLES, FL 33160</b>  |  |   | Mailing Address<br><b>342 191 STREET</b><br><b>SUNNY ISLES, FL 33160</b>  |   |   |
| 2. Principal Place of Business<br><b>342. 191st</b><br>Suite, Apt. #, etc.  |  |   | 3. Mailing Address<br><b>342. 191st</b><br>Suite, Apt. #, etc.  |   |   |
| City & State<br><b>Sunny Isles Beach</b>  |  |   | City & State<br><b>Sunny Isles Beach</b>  |   |   |
| Zip<br><b>A 33160</b>   |  | Country<br><b>FL 33160</b>  |   | 4. FEI Number<br><b>APPLIED FOR # 300207208</b>                                   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |   | Applied For<br>Not Applicable   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>ROJAS, SHEILA</b><br><b>342 191 STREET</b><br><b>SUNNY ISLES, FL 33160</b>  |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |   |   |   |   |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>Due by September 7, 2005</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |   |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>ROJAS, SHEILA<br>342 191 STREET<br>SUNNY ISLES, FL 33160   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br>ROJAS, ERNESTOR<br>342 191 STREET<br>SUNNY ISLES, FL 33160 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | SD<br>ROJAS, ERNEST<br>342 191 STREET<br>SUNNY ISLES, FL 33160   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TD<br>ROJAS, DEVEN R<br>342 191 STREET<br>SUNNY ISLES, FL 33160  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Sheila H Rojas</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |   | 305-609-7176<br><small>Daytime Phone #</small>                                    |   |