FILED
Jun 28, 2004 8:00 am
Secretary of State
05-03-2004 90464 024 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000126036

1. Entity Name
IRIE PAINTING INC.

00460107

Principal Place of Business	Mailing Address
9020 DIXIANA VILLA CIR. TAMPA FL 33635	9020 DIXIANA VILLA CIR. TAMPA FL 33635

04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9020 Dixiana Villa cir	9020 Dixiana Villa cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa florida	City & State: Tampa florida
Zip: 33635 Country: USA	Zip: 33635 Country: USA

4. FEI Number 56-2411804 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CASTRO, ROSA
9020 DIXIANA VILLA CIR.
TAMPA, FL 33635

7. Name and Address of New Registered Agent
Name: Rosa E. Castro
Street Address (P.O. Box Number is Not Acceptable): 9020 Dixiana Villa Cir
City: Tampa FL Zip Code 33635

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: Rosa Castro 05-21-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CASTRO, ROSA 9020 DIXIANA VILLA CIR TAMPA FL 33635	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Rosa Castro 4/28/04 813-882-8621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #