2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90019 001 ***150.00
08-31-2005 90019 002 *****8.75

66026712

08182005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000128432

1. Entity Name
ARTISTIC FAUX FINISH, INC.

Principal Place of Business
22122 SOLIEL CIRCLE E
BOCA RATON, FL 33433

Mailing Address
22122 SOLIEL CIRCLE E
BOCA RATON, FL 33433

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 52-2436667 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERREIRA, THEODOMIRO L
22122 SOLIEL CIRCLE E
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERREIRA, THEODOMIRO L 22122 SOLIEL CIRCLE E BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Q06026712

Artistic Faux Finish

22127 Soliel Cir. E.
(561)504-3248

P O 300012 8432

Aug 25, 2005

To: Florida Department of State.
Division of Corporations
P. O. Box 6327
Tallahassee, Florida, 32314

Reference: Corporation Renew Notice

The annual report notice was received on the begging of August 2005 and a check in the amount of usd150.00 was sent follow it.
We are here kindly requesting for a waiver of the usd$400.00 late fee, since we never received prior notices.
Please find enclosed documents for an annual renew.
Your attention to this mater is really appreciated.

Sincerely,

Theodomiro L. Ferreira