

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90011 031 \*\*\*158.75

<b>DOCUMENT # P03000134600</b>	
1. Entity Name <b>FLORIDA'S CATS PAINTING INC</b>	

Principal Place of Business <b>5359 GRAND CYPRESS CIRCLE #203 NAPLES, FL 34109</b>	Mailing Address <b>5359 GRAND CYPRESS CIRCLE #203 NAPLES, FL 34109</b>
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**54063470**



2. Principal Place of Business <b>5359 Grand cypress cir.</b>	3. Mailing Address <b>5359 Grand cypress cir.</b>
Suite, Apt. #, etc. <b>203</b>	Suite, Apt. #, etc. <b>203</b>

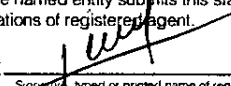
07172004 Chg-P CR2E034 (10/03)

City & State <b>NAPLES FL.</b>	City & State <b>NAPLES FL.</b>
Zip <b>34109</b>	Country <b>Collier</b>

4. FEJ Number <b>432040216</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>PEREZ, ADALBERTO E 5359 GRAND CYPRESS CIRCLE #203 NAPLES, FL 34109</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

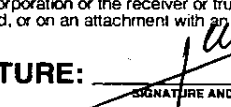
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <b>07/17/2004</b>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>P PEREZ, ADALBERTO 5359 GRAND CYPRESS CIRCLE #203 NAPLES, FL 34109</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>D ALVAREZ, GEORGI 5359 GRAND CYPRESS CIRCLE #203 NAPLES, FL 34109</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: 	DATE <b>07/17/2004</b>	DAYTIME PHONE # <b>239-592-5392</b>
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