

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90020 027 ***150.00

DOCUMENT # P03000137475

1. Entity Name

NEMO PAINTING, INC.



Principal Place of Business

8065 WEST 15 LANE Avenue
HIALEAH FL 33014

Mailing Address

8065 WEST 15 LANE Avenue
HIALEAH FL 33014

2. Principal Place of Business

8065 W. 15 Ave.
Suite, Apt. #, etc.

3. Mailing Address

8065 W. 15 Ave.
Suite, Apt. #, etc.

City & State

HIA, FL

City & State

HIA, FL

4. FEI Number

51-0489290

Applied For

Not Applicable

Zip

33014

Country

U.S.A.

Zip

33014

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

SOTO, MARIO
8065 WEST 15 LANE Avenue
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name Soto, Mario

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

8065 W. 15 Avenue

Hialeah

City

FL

Zip Code

33014

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P,D
NAME SOTO, MARIO
STREET ADDRESS 8065 WEST 15 LANE Avenue
CITY-ST-ZIP HIALEAH FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 #