

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-06-2004 90016 010 ***150.00

DOCUMENT # P03000141626 1. Entity Name FABIO'S PAINTING, INC.			
Principal Place of Business 3534 SMITHFIELD ST APT 1301 JACKSONVILLE FL 32217		Mailing Address 3534 SMITHFIELD ST APT 1301 JACKSONVILLE FL 32217	
2. Principal Place of Business 3534 Smithfield st Suite, Apt. #, etc. Apt. 1301		3. Mailing Address 3534 Smithfield st Suite, Apt. #, etc. Apt. 1301	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32217	Country Duval	Zip 32217	Country Duval
4. FEI Number 35-2215300		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LONDONO, FABIO A 3534 SMITHFIELD ST APT 1301 JACKSONVILLE FL 32217		7. Name and Address of New Registered Agent Name FABIO Street Address (P.O. Box Number is Not Acceptable) 3534 Smithfield st Apt 1301 City Jacksonville FL Zip Code 32217	
8. The above named entry 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 _____	
SIGNATURE, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PR <input type="checkbox"/> Delete NAME Fabio Londono STREET ADDRESS 3534 Smithfield st Apt. 1301 CITY-ST-ZIP JACKSONVILLE, FL - 32217		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: 		02-02-04 (904) 3821518	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	