


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90022 028 ***550.00

DOCUMENT # P03000143754	
1. Entity Name COLOR DESIGN PAINTING CONTRACTORS, INC.	

Principal Place of Business 4440 SW ARCHER ROAD APT. #1021 GAINESVILLE, FL 32608 US	Mailing Address 4440 SW ARCHER ROAD APT. #1021 GAINESVILLE, FL 32608 US
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2. Principal Place of Business 7595 SW 84th Dr Suite, Apt. #, etc.	3. Mailing Address 7595 SW 84th Dr Suite, Apt. #, etc.
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City & State Gainesville, FL	City & State Gainesville, FL
Zip 32608	Country USA
Zip 32608	Country USA

07072005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0445818	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 ZAMBRANO, ELEAZAR 4440 SW ARCHER ROAD APT. #1021 GAINESVILLE, FL 32608	7. Name and Address of New Registered Agent Name Eleazar Zambrano Street Address (P.O. Box Number is Not Acceptable) 7595 SW 84th Dr. City Gainesville FL Zip Code 32608
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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: **Eleazar Zambrano, President**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP ZAMBRANO, ELEAZAR 4440 SW ARCHER ROAD # 1021 GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAMBRANO, ELEAZAR 4440 SW ARCHER ROAD #1021 GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ZAMBRANO, ELIZABETH 4440 SW ARCHER ROAD #1021 GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: **Eleazar Zambrano** **07/13/05 352-318-0981**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #