

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90416 042 \*\*\*158.75

**DOCUMENT # P03000150576**

1. Entity Name

DOUBLE M PAINTING, INC.



Principal Place of Business

203 JASON DRIVE  
TAMPA FL 33615

Mailing Address

203 JASON DRIVE  
TAMPA FL 33615

2. Principal Place of Business

203 JASON DR

3. Mailing Address

203 JASON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

20-0478535

Applied For

Not Applicable

Zip

33615

Country

U.S.A.

Zip

33615

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

QUINTANILLA, MARCELA D  
203 JASON DRIVE  
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name: Miguel A. Aguiar Delgado  
Street Address (P.O. Box Number is Not Acceptable): 203 JASON Drive  
City: TAMPA FL Zip Code: 33615

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

03-29-04

**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: PSTD  
NAME: QUINTANILLA, MARCELA D ☒ Delete  
STREET ADDRESS: 203 JASON DRIVE  
CITY-ST-ZIP: TAMPA FL 33615

TITLE: V  
NAME: AGUIAR DELGADO, MIGUEL A ☐ Delete  
STREET ADDRESS: 203 JASON DRIVE  
CITY-ST-ZIP: TAMPA FL 33615

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSTD ☒ Change ☐ Addition  
NAME: Miguel A. Aguiar Delgado  
STREET ADDRESS: 203 JASON Drive  
CITY-ST-ZIP: TAMPA FL 33615

TITLE: OFFICERS - V ☐ Change ☒ Addition  
NAME: leonel D. Ruzama  
STREET ADDRESS: 203 JASON Drive  
CITY-ST-ZIP: TAMPA FL 33615

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

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

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

TITLE: ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813)  
03-29-04 477-9010  
Date Daytime Phone #