2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2005 8:00 am Secretary of State DOCUMENT # P04000016809 1. Entity Name 05-03-2005 90156 010 ***150.00 ANGEL B. PAGAN PAINTING CO. Principal Place of Business Mailing Address 5500 82ND TERR 5500 82ND TERR PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. # etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAGAN, ANGEL B Street Address (P.O. Box Number is Not Acceptable) 5500 82ND TERR PINELLAS PARK FL 33781 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HHE ☐ Delete TILLE Addition PAGAN, ANGEL B NAME NAME STREET ADDRESS 5500 82ND TERR STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-ZIP VP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME PAGAN, EMANUEL STREET ADDRESS 5500 82ND TERR STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-7(P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MELENDEZ, HECTOR NAME STREET ADDRESS 10633-43-ST STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33762** CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition SANTOS, JAIME 5151 4 ST N, LOT 40A STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33762 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 atta nent with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYP

FILED