

FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P04000023851

1. Entity Name *M.E.R. Paint Services, Corp.*



FILED

11 MAY 17 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

4330 Hillcrest Dr.

3. Mailing Address

4330 Hillcrest Dr.

Suite, Apt. #, etc.

707

Suite, Apt. #, etc.

707

CR2E034B (1/11)

City & State

Hollywood, FL

City & State

Hollywood Florida

4. FEI Number

20-0710477

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

33021

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Manuel Rosas

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

4330 Hillcrest Drive

Suite 707

City

Hollywood

FL

Zip Code

33021

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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

[Signature]

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

05-13-2011

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

manyrosas@hotmail.com

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*Presidente
Manuel Rosas
4330 Hillcrest Drive Hollywood FL 33021*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
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000207320870
05/06/11--01037--011 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-13-2011

DATE

Daytime Phone #

305-3083499