

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90052 020 ***150.00

DOCUMENT # P04000026266		
1. Entity Name DENNIS BROWN PAINTING, INC.		
Principal Place of Business 120 NE 193RD STREET MIAMI FL 33179		Mailing Address 120 NE 193RD STREET MIAMI FL 33179
2. Principal Place of Business - No P.O. Box # 120 NE 193 STREET	3. Mailing Address 120 NE 193 STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State MIAMI FL	City & State MIAMI FL 33179	
Zip 33179	Country	Zip 33179
Country		Country



1st MOORE CR2E034 (10/06)

4. FEI Number 11-3713828		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BROWN, DENNIS 120 NE 193RD STREET MIAMI FL 33179		
7. Name and Address of New Registered Agent		
Name DENNIS BROWN Street Address (P.O. Box Number is Not Acceptable) 120 NE 193 STREET MIAMI FL City FL Zip Code 33179		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DENNIS 120 NE 193RD STREET MIAMI FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DENNIS 120 NE 193 STREET MIAMI FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dennis Brown* **4/24/07 305.798-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **11727**