

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

192 ATXI

FILED

05 SEP 29 PM 4: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05

DOCUMENT # PO40000 29655
1. Entity Name N-C Painting Service, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 20803 Via Valencia Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-----------------------------------------------------------------------------	-------------------------------------------

DO NOT WRITE IN THIS SPACE

City & State Boca Raton, FL	City & State
Zip 33433	Country US

4. FEI Number 34-1979255	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Nelson Correa	
Street Address (P.O. Box Number is Not Acceptable) 20803 Via Valencia	
City Boca Raton	State FL
	Zip Code 33433

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 Nelson Correa Nelson Correa 9/27/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Nelson Correa 20803 Via Valencia Boca Raton, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p align="center">DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nelson Correa Nelson Correa 9/27/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20423 State Road 7
F-6PBMB 290
Boca Ration, FL 33498
561-483-6888 Tele.
561-483-0054 Fax

ZgZ

.....

SKS and Associates

To: Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Annual Report Notices

To Whom It May Concern:

Enclosed, please find a UBR for N-C PAINTING SERVICE, INC. and we have enclosed a check in the amount of \$150. In reviewing the information on the internet, it was revealed to us that we were supposed to receive a postcard notifying the above named, of the filing requirements by May 1.

Please note that the above named taxpayer did not receive said notification. Therefore, we are filing this protest and have enclosed, what would have been, the proper fee. Thanking you in advance.

Respectfully Submitted:

SKS & Assoc.

SKS and Associates

.....