
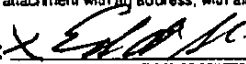


2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/6/2005-90132-048-\$150.00-\$150.00

DOCUMENT # P04000032441			
1. Entity Name EDUARDO FLORES PAINTING CORP		05 OCT -6 PM 2:12 SEVENTH JUDGE TALLAHASSEE, FLORIDA	
Principal Place of Business 636 SW 158 TERR. SUNRISE, FL 33326 US		Mailing Address 636 SW 158 TERR. SUNRISE, FL 33326 US	
2. Principal Place of Business		3. Mailing Address 2834 W. 75th TER	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Highland, FL	
Zip	Country	Zip	Country
		33018-5300	
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLORES, EDUARDO 636 SW 158 TERR. SUNRISE, FL 33326		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLORES, EDUARDO 636 SW 158 TERR SUNRISE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR			