

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

01-18-2005 90032 025 ***158.75

DOCUMENT # P04000042419					
1. Entity Name PRO CUSTOM PAINTING, INC.					
Principal Place of Business 68 FAIRWAYS LANE ROYAL PALM BEACH, FL 33411			Mailing Address 68 FAIRWAYS LANE ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01112005 Chg-P CR2E034 (10/03) 4. FEI Number 73-1698724 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOOMDAT, ROOPRAM 68 FAIRWAYS LANE ROYAL PALM BEACH, FL 33411				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SOOMDAT, ROOPRAM		NAME		
STREET ADDRESS	68 FAIRWAYS LANE		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SOOMDAT, SURUJDAI		NAME		
STREET ADDRESS	68 FAIRWAYS LANE		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 attachment with an address, with all other like empowered.					
SIGNATURE: <i>Surujai Soomdat</i>			1/13/05 561-793-2686		
SIGNATURE AND TYPED OR PRINTED NAME OF SOMEONE OFFICER OR DIRECTOR					