

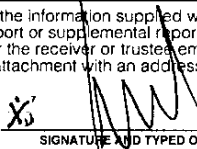


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90376 028 \*\*\*150.00

<b>DOCUMENT # P04000043112</b> 1. Entity Name <b>U.S. QUALITY PAINTING CONTRACTOR INC.</b>																																																																																																																	
Principal Place of Business <b>3802 ELM LEAF 1502 TAMPA, FL 33613</b>			Mailing Address <b>3802 ELM LEAF 1502 TAMPA, FL 33613</b>																																																																																																														
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country																																																																																																															
04112005      Chg-P      CR2E034 (10/03)				4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-0837335</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">         Applied For Not Applicable       </div>																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <b>GARCIA, RUBEN 3802 ELM LEAF 1502 TAMPA, FL 33613</b> </div>																																																																																																													
7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 5px; min-height: 100px;">         Name           Street Address (P.O. Box Number is Not Acceptable)   <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>FL      Zip Code</span> </div> </div>				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																															
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P, D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GARCIA, RUBEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3802 ELM LEAF STE 1502</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33613</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SEC</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GARCIA, RUBEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3802 ELM LEAF STE 1502</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33613</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Ruben Garcia</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1225 E. 131<sup>ST</sup> AVE - STE E.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33612</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1225 E. 131<sup>ST</sup> AVE - STE E</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33612</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P, D	<input type="checkbox"/> Delete	NAME	GARCIA, RUBEN		STREET ADDRESS	3802 ELM LEAF STE 1502		CITY-ST-ZIP	TAMPA, FL 33613		TITLE	SEC	<input type="checkbox"/> Delete	NAME	GARCIA, RUBEN		STREET ADDRESS	3802 ELM LEAF STE 1502		CITY-ST-ZIP	TAMPA, FL 33613		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	Ruben Garcia	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	1225 E. 131 <sup>ST</sup> AVE - STE E.		CITY-ST-ZIP	TAMPA, FL 33612		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	1225 E. 131 <sup>ST</sup> AVE - STE E		CITY-ST-ZIP	TAMPA, FL 33612		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>SIGNATURE:</b>  </div> <div style="width: 35%;"> <b>813-979-4354</b> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%; font-size: small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div> <div style="width: 20%; font-size: small;">Date</div> <div style="width: 20%; font-size: small;">Daytime Phone #</div> </div>																																																																																																																	