

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90144 050 ***150.00

DOCUMENT # P04000050428

1. Entity Name

M.C.M. PAINTING INC.



Principal Place of Business

8536 NW 20 CT
SUNRISE FL 33322

Mailing Address

8536 NW 20 CT
SUNRISE FL 33322



2. Principal Place of Business

8536 NW 20 CT
Suite, Apt. #, etc.
SUNRISE FL
City & State

3. Mailing Address

8536 NW 20 CT
Suite, Apt. #, etc.
SUNRISE FL
City & State

1st MOORE

CR2E034 (10/04)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIUREA, MIRCEA
8536 NW 20 CT
SUNRISE FL 33322

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CIUREA, MIRCEA
STREET ADDRESS 8536 NW 20 CT
CITY - ST - ZIP SUNRISE FL 33322

TITLE VP ☐ Delete
NAME CIUREA, GLADYS E
STREET ADDRESS 8536 NW 20 CT
CITY - ST - ZIP SUNRISE FL 33322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: Mircea Ciurea MIRCEA CIUREA 2005 05 305 788 7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MCM PRINTING INC
856 NW 20 ST SUITE
FLORIDA 33322

ATTACHMENT
ATTACHMENT

50063784
P04000050428

IN REGARDING TO THE FEE I DO NOT
REMEMBER GIVING ENCL A POST CARD
SO I HAVE SENT MY \$ 150 FOR THE (AR) 2005

THANKY YOU FOR YOUR TIME AND UNDERSTANDING

SINCERELY

MCM PRINTING INC

M/cm Sing
Aug 18 05