## 2005 FOR PROFIT CORPORATION

## Jun 03, 2005 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P04000057533 06-03-2005 90004 009 \*\*\*150.00 MEGA BRUSH PAINTING & RESTAURATIONS, INC. Principal Place of Business Mailing Address 7611 BARRY RD. 7611 BARRY RD. TAMPA, FL 33615 **TAMPA, FL 33615** 50053391 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc - CR2E034 (10/03) 05292005 Chg-P 4. FEI Number 65-1128 221 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEDOYA, NORMA A 7611 BARRY RD. Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33615 City 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 atjent. 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 \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 ~10.° OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE Change Addition NAME BEDOYA, NORMA A NAME 7611 BARRY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 333615 CITY-ST-ZIP VP TITLE ☐ Delete ☐ Change ☐ Addition BEDOYA, JUAN F NAME NAME STREET ADDRESS 7611 BARRY RD. STREET ADDRESS TAMPA, FL 33615 CITY-ST-ZIP CUTY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TIT1 E Change Addition NAME MAIS 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.

de

A M C A 12 C C SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Date

Davtime Phone #

Montes de Oca, Montserrat & Associates

Accounting & Tax Services

CPA Firm

May 28, 2005

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE.: P04000057533 - 2005 Annual Report

Dear Sirs:

This letter is to respectfully request a waiver of the late charge of \$400.00 to Mega Brush Painting & Restaurations Inc. Our request is based on the fact that our client did not receive the payment notification for the 2005 Annual Report and did not know that this payment was due before May 1, 2005.

Thanking you in advance for your attention to this request.

Sincerely,

Maria T. Montserrat

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cc. N. Bedoya