


2005 FOR PROFIT CORPORATION ANNUAL REPORT

1/ **FILED**
Jul 15, 2005 8:00 am
Secretary of State

01-13-2005 90002 023 ***150.00

DOCUMENT # P04000060565 1. Entity Name PEREZ PAINTING, INC.					
Principal Place of Business 4909 S.W. 137TH COURT MIAMI, FL 33175			Mailing Address 4909 S.W. 137TH COURT MIAMI, FL 33175		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEREZ, ANGEL V 4909 S.W. 137TH COURT MIAMI, FL 33175			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, ANGEL V 4909 S.W. 137TH COURT MIAMI, FL 33175 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>1-10-05</u> Daytime Phone # _____					

66024696



01102005 Chg-P CR2E034 (10/03)

4. FEI Number 87-027819 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

ATTACHMENT 66024676
PEREZ PAINTING, INC.
4909 S W 137TH COURT
MIAMI, FL 33175

July 11th, 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32314

REF: P0400060565

Subject: Your Notice of Intent to Dissolve

Dear Sir/Madam:

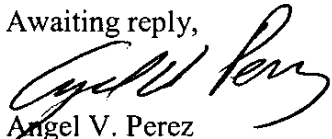
I am in receive of your card with Notice of Intent to Dissolve de Corporation.

I am attaching copy of a letter received from you in January of the current year. In that letter you mentioned that you received the check totaling \$150.00 but the report was not filed because missing de FEI number.

The report was sent to your department the same day that we received it with the FEI number in square number 4. Furthermore, your department as per telephone call to your office a few days later received the document.

I am enclosing copy of the original letter from your office as well as copy of the report with original signature and copy of the card received today.

Awaiting reply,


Angel V. Perez