


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90036 005 ***150.00

DOCUMENT # P04000068960 1. Entity Name THE TINT KING OF ORLANDO, CORP.					
Principal Place of Business 5358 OLD WINTER GARDEN RD SUITE # A ORLANDO, FL 32811			Mailing Address 5358 OLD WINTER GARDEN RD SUITE # A ORLANDO, FL 32811		
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	
SERRUDO, OMAR V 5358 OLD WINTER GARDEN RD SUITE # A ORLANDO, FL 32811				Name HERRERA, MAURICIO A Street Address (P.O. Box Number is Not Acceptable) 5358 OLD WINTER GARDEN RD SUITE # A City ORLANDO FL Zip Code 32811	
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: <u>Mauricio Herrera</u> (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. <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 SERRUDO, OMAR V <input checked="" type="checkbox"/> Delete 5358 OLD WINTER GARDEN RD SUITE # A ORLANDO, FL 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HERRERA, MAURICIO A <input type="checkbox"/> Delete 5358 OLD WINTER GARDEN RD SUITE # A ORLANDO, FL 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRERA, MAURICIO A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5358 OLD WINTER GARDEN RD SUITE # A ORLANDO, FL 32811	
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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	
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: <u>Mauricio Herrera</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>3-15-05</u> Date		
			Daytime Phone #		