


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90021 005 \*\*\*158.75

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|---|---|
| <b>DOCUMENT # P04000094380</b>                    |  |
| 1. Entity Name<br><b>CERVANTES PAINTING CORP.</b> |   |

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| Principal Place of Business<br><b>433 BERTSON COURT<br/>APOPKA FL 32703<br/>US</b> | Mailing Address<br><b>433 BERTSON COURT<br/>APOPKA FL 32703<br/>US</b> |
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| 2. Principal Place of Business<br><b>Ocoee<br/>7125 Clarcona Rd.<br/>Suite, Apt. #, etc.<br/>Orlando FL.</b> | 3. Mailing Address<br><b>Ocoee<br/>7125 Clarcona Rd.<br/>Suite, Apt. #, etc.<br/>Orlando FL.</b> |
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1st MOORE CR2E034 (10/04)

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|------------------------------------|------------------------------------|
| City & State<br><b>Orlando FL.</b> | City & State<br><b>Orlando FL.</b> |
| Zip<br><b>32818</b>                | Country                            |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>04-3798817</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
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| 6. Name and Address of Current Registered Agent<br><b>OLIVER, ILIANA E MRS.<br/>400 CADIMA AV.<br/>CORAL GABLES FL 33134</b> |  |
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|--|--|
| 7. Name and Address of New Registered Agent<br>Name <b>Esperanza Cervantes</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7125 Clarcona Ocoee Rd.</b><br>City <b>Orlando</b> FL Zip Code <b>32818</b> |  |
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| 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.<br>SIGNATURE <b>Esperanza Cervantes</b> DATE <b>3/24/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
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**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<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>CHAVEZ, ESPERANZA<br/>433 BERTSON COURT<br/>APOPKA FL 32703</b><br><i>wrong last Name &amp; Address</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P<br/>Esperanza Cervantes<br/>7125 Clarcona Ocoee Rd.<br/>Orlando FL. 32818</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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.

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| SIGNATURE: <b>Esperanza Cervantes</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <b>03/24/05</b> Daytime Phone # <b>(407) 808-5719</b> |
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