

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123071

FILED
Jun 10, 2005
Secretary of State

Entity Name: INTERNATIONAL PAINTING, INC.

Current Principal Place of Business:

21 PECAN STREET
NAPLES, FL 34114 US

New Principal Place of Business:

Current Mailing Address:

21 PECAN STREET
NAPLES, FL 34114 US

New Mailing Address:

FEI Number: 20-1542463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, RAMIRO
21 PECAN ST.
NAPLES, FL 34114 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P. () Delete
Name: GONZALEZ, RAMIRO
Address: 21 PECAN STREET
City-St-Zip: NAPLES, FL 34114

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: PORTILLO, OSCAR R
Address: 18549 OCALA ROAD
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMIRO GONZALEZ

P

06/10/2005

Electronic Signature of Signing Officer or Director

_____ Date