2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED

4/25/2005-90306-021-$150.00 $150.00

05 JUN 10 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000132610

1. Entity Name
ALFREDO CORNEJO PAINTING INC

Principal Place of Business	Mailing Address
6242 HIALLIAH ST ORLANDO, FL 32808 US	6242 HIALLIAH ST ORLANDO, FL 32808 US

04202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 89 SAND DOLLAR KEY DRIVE	Suite, Apt. #, etc.: 89 SAND DOLLAR KEY DRIVE
City & State: OCOEE FL	City & State: OCOEE FL
Zip: 34761 Country: USA	Zip: 34761 Country: USA

4. FEI Number: 20 1164972 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KABA CONSULTING INC
1307 RAIN FOREST LN
MINNEOLA, FL 34715

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 agent.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	P CORNEJO, ALFREDO 6242 HIALIAH ST ORLANDO, FL 32808 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORNEJO ALFREDO 89 SAND DOLLAR KEY DRIVE OCOEE FL 34761 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Alfredo Cornejo 04-20-05 321 388 5077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #