

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90093 045 ***150.00

DOCUMENT # P04000146434 1. Entity Name N & M PAINTING, INC.			
Principal Place of Business 4029 STATE ROAD 7 RIVERLAND FT LAUDERDALE, FL 33317		Mailing Address 4029 STATE ROAD 7 RIVERLAND FT LAUDERDALE, FL 33317	
2. Principal Place of Business 4133 SW 23RD ST.		3. Mailing Address 4133 SW 23RD ST.	
Suite, Apt. #, etc. APT # 1		Suite, Apt. #, etc. APT. # 1	
City & State FT. LAUDERDALE FL		City & State FT LAUDERDALE, FL	
Zip 33317		Zip 33317	
Country		Country	
4. FEI Number 20-2490732		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERAZZA, MARIA D 4029 STATE ROAD 7 RIVERLAND FT LAUDERDALE, FL 33317		7. Name and Address of New Registered Agent Name PERAZZA MARIA D. Street Address (P.O. Box Number is Not Acceptable) 4133 SW 23 RD ST. APT. # 1 City FT LAUDERDALE FL Zip Code 33317	
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 reinstating)</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 P	NAME MELO, NESTOR R	<input type="checkbox"/> Delete	
STREET ADDRESS 4133 SW 23 RD ST #1	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP FT LAUDERDALE, FL 33317			
TITLE VP	NAME PERAZZA, MARIA D	<input type="checkbox"/> Delete	
STREET ADDRESS 4133 SW 23 RD ST #1	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP FT LAUDERDALE, FL 33317			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
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:		NESTOR R. MELO (P)	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-30-05 Daytime Phone # (954) 797-5070	