2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 11, 2006 8:00 am DOCUMENT # P04000162745 Secretary of State 1. Entity Name MAJOROSSY COATINGS INC. 05-11-2006 90243 047 \*\*\*158.75 Principal Place of Business Mailing Address 1395 21ST AVE. S.W. VERO BEACH FL 33461 1395 21ST AVE. S.W. VERO BEACH FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3790469 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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, typed or printed name of registered again and title if applicable (NOTE: Registered Agent signature required when (cinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THILE DP TITLE ☐ Delete Addition Majorossy Chanles NAME MAJOROSSY, CHARLES NAME STREET ADORESS 4637 KIRK ROAD STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33461 CITY-ST-ZIP Delete TITLE ■ Addition TITLE Change NAME ZALETA, PATRICK NAME STREET ADDRESS 4637 KIRK ROAD STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33461 CITY-ST-ZIP TETLE ☐ Delete TITLE Change Addition Brower William. NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-06 561-254-089

**FILED** 

ATTACHMENT 40090851 Dear Sivs