


FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90107 049 ***158.75

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000162994			
1. Entity Name PEPE PAINTING, INC			
Principal Place of Business 4553 S KIRKMAN RD APT #4 ORLANDO, FL 32811		Mailing Address 4553 S KIRKMAN RD APT #4 ORLANDO, FL 32811	
2. Principal Place of Business 4543 S KIRKMAN RD		3. Mailing Address 4543 S. KIRKMAN RD	
Suite, Apt. #, etc. APT #6		Suite, Apt. #, etc. APT #6	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32811		Country	
32811		32811	
Country		Country	
4. FEI Number 20-1963056		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MOLINA, JOSE 4553 S KIRKMAN RD APT #4 ORLANDO, FL 32811		7. Name and Address of New Registered Agent MOLINA JOSE 4543 S KIRKMAN RD APT #6 ORLANDO FL 32811	
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: <u>Jose Molina</u> DATE: <u>03/09/05</u> <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 NAME STREET ADDRESS CITY-ST-ZIP	P MOLINA, JOSE 4553 S KIRKMAN RD APT #4 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOLINA JOSE 4543 S. KIRKMAN RD APT #6 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Jose Molina</u>		Date: <u>03/09/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	