

# 2007 UNIFORM BUSINESS REPORT (UBR)

112

DOCUMENT# P05000015005

1. Entity Name

TOUCH PAINTING CORP.

FILED

2007 OCT 19 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4341 NW 4th AVE  
POMPANO BEACH, FL 33064

Mailing Address  
4341 NW 4th AVE  
POMPANO BEACH, FL 33064

2. Principal Place of Business  
565 JEFFERSON DRIVE

3. Mailing Address  
565 JEFFERSON DRIVE

Suite, Apt. #, etc.  
108

Suite, Apt. #, etc.  
108

City & State  
DEERFIELD BEACH, FL

City & State  
DEERFIELD BEACH, FL

Zip  
33442

Country  
USA

Zip  
33442

Country  
USA

4. FEI Number  
20-2254250

Applied For  
Not Applicable

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

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

06-07

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BEACH, FL 33064

7. Name and Address of Now Registered Agent

Name  
FLAVIO A. ALMEIDA  
Street Address (P.O. Box Number is Not Acceptable)  
565 JEFFERSON DRIVE # 108  
City  
DEERFIELD BEACH FL Zip Code  
33442

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

SIGNATURE *Flavio Almeida*

10/15/07

Signature, typed or printed name of registered agent and address (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 may Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALMEIDA, FLAVIO A	
STREET ADDRESS	4341 NW 4th AVE	
CITY - ST - ZIP	POMPANO BEACH, FL 33064	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DA COSTA, GEISA	
STREET ADDRESS	4341 NW 4th AVE	
CITY - ST - ZIP	POMPANO BEACH, FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMEIDA, FLAVIO A	
STREET ADDRESS	565 JEFFERSON DRIVE # 108	
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

000111015240  
10/13/07--01055--004 \*\*300.00

13. 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 qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Flavio Almeida*

10/15/07 (754) 235-4603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

42

Deerfield Beach, Monday, October 15, 2007

**FLORIDA DEPARTMENT OF STATE**  
**REINSTATEMENT DEPARTMENT**  
**DIVISION OF CORPORATIONS**  
P.O. BOX 6327  
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

**TOUCH PAINTING CORP.**  
**P05000015005**

I have not received the Annual Business Report 2006 and also for 2007 first notice to renew our corporation's name.

I come before this honorable Department asking to wave this penalty once we did not received the first notice and I did not know that was supposed to be renewing annually.

Was not our intention to be late with the Department State of Florida, which I honor and respect the laws and regulations.

Please accept the Annual Report 2007 Annual Business Report along with my check of \$300 (for both years)

Thank you for your cooperation and concern, and if you have any question or concern regarding this matter, do not hesitate to contact me.

Sincerely,

*Flavio Almeida*

**Flavio A. Almeida**  
**President**