## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000084522

Entity Name: INNOVATED PAINTING CONCEPTS, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

4781 N W 103RD AVENUE BAY 29 4755 NW 103RD AVENUE SUNRISE, FL 33351

**BAY 16** 

SUNRISE, FL 33351

**Current Mailing Address: New Mailing Address:** 

4781 N W 103RD AVENUE BAY 29 4755 NW 103RD AVENUE SUNRISE, FL 33351

**BAY 16** 

SUNRISE, FL 33351

FEI Number: 20-2991367 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HEREDIA, JAIME HEREDIA, JAIME 4781 NW 103 AVE BAY 29 4755 NW 103 AVE

SUNRISE, FL 33351 BAY 16 SUNRISE, FL 33351 US

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: JAIME HEREDIA 04/22/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

HEREDIA, JAIME Name: Name: HEREDIA, JAIME

4781 N W 103RD AVENUE BAY 29 4755 NW 103RD AVENUE BAY 16 Address: Address:

SUNRISE, FL 33351 City-St-Zip: SUNRISE, FL 33351 City-St-Zip:

Title: VTD ( ) Delete Title: VTD (X) Change ( ) Addition

DAVILA, PIERRE Name: Name: DAVILA, PIERRE

4781 N W 103RD AVENUE BAY 29 4755 NW 103RD AVENUE BAY 16 Address: Address:

SUNRISE, FL 33351 SUNRISE, FL 33351 City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: ( ) Delete ESCOBAR, LUIS R Name: ESCOBAR, LUIS R Name:

4781 N W 103RD AVENUE BAY 29 Address: 4755 N W 103RD AVENUE BAY 16 Address:

City-St-Zip: SUNRISE, FL 33351 City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIME HEREDIA PD 04/22/2009