

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000001570

FILED
Apr 11, 2005
Secretary of State

Entity Name: ALTERNATIVE PAINTING OF FLORIDA, INC

Current Principal Place of Business:

950 ELLER DRIVE
FORT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21153
FT. LAUDERDALE, FL 333351153 US

New Mailing Address:

FEI Number: 65-0363647 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JAMES, AMY
510 SW 11TH CT
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: JAMES, AMY
Address: 510 SW 11TH CT.
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D () Delete
Name: CASTILLO, ORLANDO
Address: 8229 NW 8TH PLACE #40
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMY JAMES

PV

04/11/2005

Electronic Signature of Signing Officer or Director

_____ Date