## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300000355

1. Corporation Name LEO'S PAINTING, INC.

## FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90010 035 \*\*\*150.00 03-17-1999 90010 036 \*\*\*\*\*8.75



Principal Place of Business Mailing Address 10210 OUITO ST. 405 S.W. 61ST TERRACE MARGATE FL 33068 COOPER CITY FL 33026 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/05/1993 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FFI Number 65-0384096 Not Applicable 21 26 \$8.75 Additional Suite, Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Country Zip 8. This corporation owes the current year Intangible, □No Yes 25 29 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SANDOVAL, ANGELA Street Address (P.O. Box Number is Not Acceptable) 11132 CHANDLER DR. COOPER CITY FL 33026 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable INOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change DELETE VΡ 1 1 TITLE TITLE SOTO, MIGUEL 12 NAME NAME 413 SW 61 1 3 STREET ADDRESS STREET ADDRESS MARGATE FL 33068 1.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 2 : TITLE TITLE JUANI, JUAN CARLOS 2.2 NAME NAME 2801 N COUNT DR 2.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33068 2 4 CITY-ST-ZiP CITY-ST-ZIP ☐ Change Addition DELETE 3 : TITLE TITLE ANGELES, MARCELINO 3.2 NAME NAME 4451 SW 23 ST. 3 3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33317 3.4 C!TY-ST-ZIP CITY-ST-ZIP ☐ Change [ ] Addition ☐ DELETE TITLE HALBERG, CHARLES G 4 2 NAME NAME STREET ADDRESS 139 S.E. 7 AVE. #7 4.3 STREET ADDRESS DELRAY BEACH FL 33483 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 51 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIF CITY-ST-ZIP DELETE 61 TITLE [ ] Change Addition TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, mattachment with an address, with all other like empowered

SIGNATURE:

Daxtime Phone #

CR2E034 (11/98)