

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2005 90111 002 ***150.00

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04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0404561	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # P93000028898

1. Entity Name
M.A.T.S. PAINTING & WALLCOVERING, INC.



Principal Place of Business 10742 CYPRESS BEND DRIVE BOCA RATON, FL 33498	Mailing Address 10742 CYPRESS BEND DRIVE BOCA RATON, FL 33498
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~MULLIN, JAMES G
2263 N.W. BOCA RATON BLVD.
#205
BOCA RATON, FL 33491~~

*Joel Marcus
676 W. PROSPECT RD.
FT. LAUDERDALE, FL,
33309*

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TRIGONA, CARMELO
STREET ADDRESS	10742 CYPRESS BEND DR
CITY - ST - ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *Camelo Trigona Carmelo Trigona* **4/11/05** **561-715-9456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #