

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90005 004 ***150.00

DOCUMENT # P93000058300

1. Entity Name
PAINT MASTERS U.S.A. INC.



Principal Place of Business
**957 NW 53RD STREET
FORT LAUDERDALE, FL 33309**

Mailing Address
**957 NW 53RD STREET
FORT LAUDERDALE, FL 33309**

54015147



DO NOT WRITE IN THIS SPACE

02112004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0438606

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FILOSO-FIOCCO, GINA
957 NW 53RD STREET
FORT 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FILOCCO, GINA**
STREET ADDRESS **3221 NE 38TH ST**
CITY-ST-ZIP **FT LAUDERDALE, FL 33308**

TITLE **VP**
NAME **FILOCCO, JOHN**
STREET ADDRESS **3221 NE 38TH ST**
CITY-ST-ZIP **FT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 registered agent 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:

GINA R. FILOSO-FIOCCO

2/13/04 954-491-6969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #