
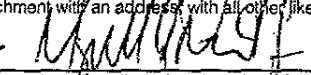


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000084318</b>		
1. Entity Name <b>EAGLE PAINT &amp; BODY, INC.</b>		
Principal Place of Business <b>7798 W 2ND CT HIALEAH, FL 33014 US</b>		Mailing Address <b>7798 W 2ND CT HIALEAH, FL 33014 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		04222004 No Chg-P CR2E034 (10/03)
		4. FEI Number <b>65-0564664</b>
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>NARVARTE, MIGUEL A JR. 7798 W. 2ND COURT HIALEAH, FL 33014</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		<b>U000000144005 04/30/04-80115-022 150.00</b>
10. OFFICERS AND DIRECTORS		
TITLE	PSTD	
NAME	NARVARTE, MIGUEL A JR.	
STREET ADDRESS	7798 W. 2ND COURT	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE	STD	
NAME	PAGAN, FELIX	
STREET ADDRESS	229 W 78TH ST	
CITY-ST-ZIP	HIALEAH, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  <b>MIGUEL A NARVARTE</b>		Date <b>4-26-04</b> Daytime Phone # <b>305-362-5844</b>