

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 AUG -2 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000089593 (5)

1. Corporation Name

AMERICA'S BEST PAINTING OF MIAMI, INC.

Principal Place of Business

16499 NE 19TH AVE
SUITE 203-A
N MIAMI BEACH FL 33162

Mailing Address

16499 NE 19TH AVE
SUITE 203-A
N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/09/1994

3a. Date of Last Report

N/A

4. FEI Number

65-0585956

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 18980 N.E. 4th Ct.

2a. Mailing Address

26 18980 N.E. 4th Ct.

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 MIAMI FL.

City & State

28 MIAMI FL

Zip

24 33179

Country

25 USA

Zip

29 33179

Country

30 USA

9. Name and Address of Current Registered Agent

ROBLEJO, GUY R
16499 NE 19TH AVE
SUITE 203-A
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

18980 NE 4th COURT

83

84 City

MIAMI

FL

85 Zip Code

33179

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ROBLEJO, GUY R
STREET ADDRESS 16499 NE 19TH AVE, SUITE 203-A
CITY - ST - ZIP N MIAMI BEACH FL 33162

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 18980 NE 4th COURT
14 CITY - ST - ZIP MIAMI FL 33179 ☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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28 CITY - ST - ZIP

29 TITLE

30 NAME

31 STREET ADDRESS

32 CITY - ST - ZIP

33 TITLE

34 NAME

35 STREET ADDRESS

36 CITY - ST - ZIP

37 TITLE

38 NAME

39 STREET ADDRESS

40 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 executor 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Typed)