2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000092165

1. Entity Name
THE PENAS PAINTING ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5350 NW 200 TERR #12 MIAMI, FL 33055	5350 NW 200 TERR #12 MIAMI, FL 33055

NOT WRITE IN THIS SPACE

04102004   No Chg-P   CR2E034 (10/03)

4. FEI Number — ☑ Applied For / Not Applicable
54-2111030

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

6. Name and Address of Current Registered Agent

PENA, GUSTAVO
5350 NW 200 TERR
#12
OPA LOCKA, FL 33055

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	PENA, DIANA C
STREET ADDRESS	5350 NW 200 TERR, #12
CITY-ST-ZIP	MIAMI, FL 33055

TITLE	V
NAME	PENA, GUSTAVO
STREET ADDRESS	5350 NW 200 TERR, #12
CITY-ST-ZIP	MIAMI, FL 33055

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000131226
04/26/04-80146-025 150.00

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: _Diana C Pena_   4/22/04   305 625 0812

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