2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 17, 2004 8:00 am DOCUMENT # P95000060407 **Secretary of State** 1. Entity Name 02-17-2004 90028 023 \*\*\*158.75 RJA PAINTING & DECORATING, INC. Principal Place of Business Mailing Address 12174 PERSIMMON BLVD 12174 PERSIMMON BLVD **ROYAL PALM BEACH FL 33411** ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0559009 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARMENTO, ROCCO J JR Street Address (P.O. Box Number is Not Acceptable) 12174 PERSIMMON BLVD **ROYAL PALM BEACH FL 33411** Ó Zio Code 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS TITLE Delete TITLE Addition ARMENTO, ROCCO J JR NAME NAME 12174 PERSIMMON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IE **ROYAL PALM BEACH FL 33411** CITY-ST-ZIP TITLE V.P. Change Delete ROCCO ARMENTO SR. ☐ Addition TITLE VΡ NAME BOUCHAUS, KEVIN NAME 15480 EMMPHUMEN RD 931 ISLAND SHORE DR STREET ADDRESS STREET ADDRESS WRYNATON PR 33414 **GREEN ACRES FL 33413** CITY-ST-ZIP CITY-ST-ZIP MIRHUM ARMENTO BLUD Change Delete ☐ Addition TITLE VALENTIN, HARRY NAME NAME STREET ADDRESS STREET ADDRESS 210 SOUTH D'ST ROTHE PAKEL BUR. FL 33411 CITY-ST-ZIP CITY-ST-73P LAKE WORTH FL 33460 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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: 9