


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90291 044 ***150.00

DOCUMENT # P95000037645

1. Entity Name
S.C.S. PAINTING & MAINTENANCE, INC.



Principal Place of Business: **6021 S.W. 109 AVENUE MIAMI, FL 33173**

Mailing Address: **6021 S.W. 109 AVENUE MIAMI, FL 33173**

94055101

2. Principal Place of Business: **X 10480 SW 58 ST**

3. Mailing Address: **PO BOX 832764**

Suite, Apt. #, etc.



01202004 Chg-P CR2E034 (10/03)

City & State: **Miami Florida**

City & State: **Miami Florida**

Zip: **33173** Country: **USA**

Zip: **33183** Country: **USA**

4. FEI Number: **65-0580424** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

SOBALVARRO, SANTOS C
6021 S.W. 109 AVENUE
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name: **Santos C. Sobalvarro**

Street Address (P.O. Box Number is Not Acceptable): **X 10480 SW 58 ST**

City: **Miami** FL Zip Code: **33173**

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]* DATE: **04-19-04**

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	SOBALVARRO, SANTOS C	
STREET ADDRESS	6021 S.W. 109 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Santos C. Sobalvarro	
STREET ADDRESS	10480 SW 58 ST	
CITY-ST-ZIP	Miami FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* DATE: **04-14-04** DAYTIME PHONE #: **786-258-9475**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR