PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000072365

1. Corporation Name

TWO GUYS PAINTING, CORP.

May 06, 1999 8:00 am Secretary of State

05-06-1999 90072 024 ***150.00



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Principal Place	e of Business	Mailing Addres	is					1616 (1666 (11)	• • • • • • • • • • • • • • • • • • • •
999 N.E. 107 STREET 999 N.E. 107 STREET			TREET						
NORTH MIAMI FL 33161 NORTH MIAMI FL 33161			FL 33161			DO NOT WRIT	re in This s	SPACE	
						3. Date Incorporated or Qualifed			
						09/19/1995			
2. Principal Pl	lace of Business	2a. Mailing Add	dress			4. FEI Number		I A	pplied For
21		26				65-0610985			ot Applicable
Suite, Apt. :	#, etc.	Suite, Apt.	#, etc.					\$8.75	Additional
22		27				5. Certifcate of Status Desired		Fee R	equired
City & State	e	City & State	e			6. Election Campaign Financing	_	\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip 24	Country 25	Zip 29	30	Country	•	This corporation owes the curre Personal Property Tax.	ent year Inta	ngible □ Yes	□No
<u></u> 1	9. Name and Address of Curre					10. Name and Address of New R	egistered A	\gent	
				81	Name				1
	riguez, rodolfo			82	Street Add	ress (P.O. Box Number is Not Accepta	hle)		
999 N.E. 107 STREET				"	Ollest Addi	ress (r.o. box reambor to rect recope			
NOR	ITH MIAMI FL 33161			83					
				84	City		FL	85 Zip	Code
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such cha ations of, Section 607	inge was authori 7.0505, Florida S	ized by Statutes	the corporate	poration submits this statement for the on's board of directors. I hereby accept	ot the appoin	itment as r	egistered
	Signature, typed or printed name of registered age		_ _		nt signature require	ad when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECT	ODS IN 12
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
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	813180318/ 811111761		1 4		ľ				į
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14. 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 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 of the receiver or trystee 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 an an adaptment with an address, with all other like empowered.

SIGNATURE: