FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600056911 (6)

NEIGHBORHOOD & FRIENDS PAINTING INC.

Principal Place of Business 471 NW 24 CT APT 113 Mailing Address

FILED May 07 1997 8:00am Secretary of State



4711 NW 24 CT. APT 113 4751 NW 24 CT. APT 113 LAUDERDALE LAKES FL 33313 LAUDERDALE LAKES FL 33313-2602						
i					3. Date Incorporated or Qualified 07/08/1996	3a. Date of Last Report
· ·	lace of Business	2a. Mailing Address			4. FEI Stumber 068 81	Applied For
21		26 1954 Ril	ERBI	DE 1) PK	65-06881	24 Not Applicable
Suite, Apt.	#, etc.	26 1954 RIVERSIDE DR Suite, Apt. #, etc. 27 Fort laudardale, Florida		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	е	City & State 28 FL 33312		υSA·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 3	Countr	у	8. This corporation has liability for Florida Statutes	intangible tax under s. 199,032, Yes No
	9, Name and Address of Currer	nt Registered Agent		,	10. Name and Address of New Re	gistered Agent
	RES, JAIRO E		81	Namo		
	1 NW 24 CT, APT 113		82	82 Street Address (P.O. Box Number is Not Acceptable)		
LAU	DERDALE LAKES FL 33313					
			83	3		
			84	City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent or both in the State on familiar with a charge of the oblide	02 and 607,1508, Florida Statutes of Florida, Such change was au ations of Section 607,0505, Flor	s, the about thorized b	ve-named corp by the corporati	oration submits this statement for the p ion's board of directors. I hereby acce	ourpose of changing its registered of the appointment as registered
SIGNATURE 4	× Stroffer -			gent signature require		DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 THLE	Ŧ,	fores, Jairo t 154 Riverside Fort lowderdale EL (954) 527 524	Change Addition
NAME	FLORES, JAIRO E		1.2 NAM(= 20
STREET ADORESS	4711 NW 24 CT, APT 113	_	1.3 STREE	TADDRESS 79	134 KIVERSING	7/ 23312
CITY-ST-ZIP	LAUDERDALE LAKES FL 3331		1.4 CHY	ST-ZIP 7	tort lauderdale	Trorida 3000
TITLE		L.J OLIETE	2 1 TITEE	76	EL. (954) 527 524	Change Addition
NAME			2.2 NAME			
STREET ADORESS				:1 ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CITY	- S1 - ZIP		Change Addition
		LJ Ottest	3.1 1111			L_1 change L_1 Addition
NAME Street address			3.2 NAME	T ADDRESS		
CITY-ST-ZIP			3.4 CITY			
TITLE		DELETE	4.1 TITLE	-31-211		Change Addition
NAME			4. 2 NAM	1		_ • -
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP			4.4 CITY -	S1-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 S1REE	1 ADURESS		
CITY-ST-ZIP	***************************************		5.4 CITY -	ST-ZIP		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			1	1 ADDRESS		
CITY-ST-ZIP			6 4 CITY -	SI-2IP	0	

I. I do hereby certify that the information supplied with this filling 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 or the receiver 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.

NONATURE V Worker