___2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P9700002473 1. Entity Name JORGE L. MERCADO PAINTING, INC.



Principal Place of Business

Mailing Address

1652 SW SCHLEICHER LANE PORT ST LUCIE, FL 34986 1652 SW SCHLEICHER LANE PORT ST LUCIE, FL 34986

FILED Feb 19, 2004 08:00 AM Secretary of State



02162004

No Chg-P

CR2E034 (10/03)

4. FEi Number 65-0723312

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Na	me and	Addre	SS	of C	urren	Registered	Agent

DO NOT WRITE IN THIS SPACE

MERCADO, JORGE L 1652 SW SCHLEICHER LANE PORT ST LUCIE, FL 34986

DO NOT WRITE IN THIS SPACE

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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	facetischi. (NOTE David	**************************************							
	arguature, typed or printed name or registered agent and title	r applicable [NOTE Registered	Agent signature	required when reinstating)	DATE					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees								
10.	OFFICERS AND DIREC	CTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT MERCADO, JORGE L. 1652 SW SCHLEICHER LANE PORT ST. LUCIE, FL 34986									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MERCADO, MILAGRO 1652 SW SCHLEICHER LANE PORT ST. LUCIE, FL 34986				U00000056780 02/19/04-80033-023 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE 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 T 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-04

772-785-948/