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

*PROFIT
CORPORATION
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 20 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000036517

1. Corporation Name
PERFECT TINT, INC.

Principal Place of Business / Mailing Address
1100 PINE DRIVE
SUITE 209
POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4/22/98

2. Principal Place of Business
21: 805 CYPRESS BLVD
22 Suite, Apt. #, etc.: 112
23 City & State: POMPANO BEACH, FL
24 Zip: 33069 25 Country:

2a. Mailing Address
26: 805 CYPRESS BLVD
27 Suite, Apt. #, etc.: 112
28 City & State: POMPANO BEACH, FL
29 Zip: 33069 30 Country:

4. FEI Number: 65-0832638 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
GHISLAINE MAURICE
1100 PINE DRIVE
SUITE 209
POMPANO BEACH, FL 33060

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 805 CYPRESS BLVD
83: SUITE 112
84 City: POMPANO BEACH FL 85 Zip Code: 33069

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

*SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/D ☐ DELETE
NAME	GHISLAINE MAURICE
STREET ADDRESS	1100 PINE DRIVE #209
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	805 CYPRESS BLVD #112
14 CITY-ST-ZIP	POMPANO BEACH, FL 33069
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	400012570434
34 CITY-ST-ZIP	02/14/03--01061--010 **150.00
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

CR2E034 (10/97)

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 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.

SIGNATURE: Ghislaine Maurice 2/7/03 954-593-4812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR