2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90026 039 ***158.75

DOCUMENT # P98000085754

1. Entity Name
AAA TINTS "N" MORE OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
~~8711 SW 129 TERRACE~~ MOVED TO ↓ ~~MIAMI, FL 33176~~ 11800 SW 144 CT. #4 Miami, FL. 33186	~~8711 SW 129 TERRACE~~ ~~MIAMI, FL 33176~~ 11800 SW 144 CT. #4 Miami, FL. 33186

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04152004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0866496
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELEON, YAMILET
~~8711 SW 129 TERRACE~~ 11800 SW 144 CT. #4
~~MIAMI, FL 33176~~ Miami, FL. 33186

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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 Yamilet DeLeon 4-15-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	STD
NAME	DELEON, YAMILET
STREET ADDRESS	~~8711 SW 129 TERRACE~~ 11800 SW 144 CT. #4
CITY-ST-ZIP	~~MIAMI, FL 33176~~ Miami FL. 33186
TITLE	PD
NAME	DELEON, ANTONIO
STREET ADDRESS	~~8711 SW TERRACE~~ 11800 SW 144 CT. #4
CITY-ST-ZIP	~~MIAMI, FL 33176~~ Miami FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Yamilet DeLeon 4-15-04 305-233-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #