PROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90114 007 \*\*\*150.00

1999 DOCUMENT # PORODORAGORS

1. Corporatio		000000							
FIRST C	Lass Painting, Inc.								
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						_			
Principal Place of Business Mailing Address									
11743 NW 12 STREET 11743 NW 12 STREET						·			
PEMBROKE PIN	ÆS FL 33026 .	PEMBROKE PINES FL 3302	5			DO NOT WRITE IN THIS S	PACE		
ľ	•					3. Date Incorporated or Qualifed			)
	• • •					10/07/1998			1
Principal Place of Business     2a. Mailing Address						4. FEI Number	Ap	plied For	1
21	26					65-0873312		t Applicable	]
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 A		
27							,Fee Re		-
City & State City & State				-	- <i>مستن</i> دین می	6. Election Campaign Financing	\$5.00		. <u> </u>
23	28			itry	_	Trust Fund Contribution Added to Fees			
Zip 24	p Country Zip C			u y		8. This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of Curren		30;	-		10. Name and Address of New Registered Ag			1
			- 1	B1	Name				]
JIMENEZ, ROSA				82	Street Addre	ss (P.O. Box Number is Not Acceptable)			┨
11743 NW 12 STREET			- 1	82 Sueer /		SS (F.O. BOX HERIDOI IS NOT NOCEPHIOLOGY			
PEM	BROKE PINES FL 33028		Ī	83					1
8				84	City	·	85 Zip Code		
	<u> </u>				•	FL	1 1 '		-
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statute of Florida, Such change was as	s, the about thorized in	ove-r by th	named corporation	ration submits this statement for the purpose of ch i's board of directors. I hereby accept the appoint	ranging its nent as reg	registered pistered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statut	œs.			•		
SIGNATURE			=			when reinstating) DATE	_		۱ ـ
Signature, typed or printed name of registered agent and title if applicable. (NOTE: I  12. OFFICERS AND DIRECTORS			Registered Agent signature required  13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    Change			
TITLE	D DELETE			1.1 TITLE			Change	☐ Addition	1 ₹
NAME	JIMENEZ, ROSA		1.2 NAM	Œ					
STREET ADDRESS	AADAD BOM AA OFFICERY			1.3 STREET ADDRESS					F034
CITY-ST-ZIP	PEMBROKE PINES FL 33026	_	14 CITY	r-ST-2	ZDP				16
TITLE	☐ DELETE			2.1 TITLE			Change	☐ Addition	10
NAME			2.2 NAME			• •			
STREET ADDRESS		•	2.3 STR	EET A	DORESS				ر ا
CITY-ST-ZIP			2,4 CITY-ST-ZIP		ZIP		70.5		ļ ^
TITLE	□ OELETE			3.1 TITLE		L	Chángs	Addition	
NAME	•		3.2 NAM	_					1
STREET ADDRESS					ODRESS				1
CITY-ST-ZIP		☐ DELETE		3.4. CITY-ST-ZIP		······································	Change	Addition	1
TITLE	, , , , , , , , , , , , , , , , , , ,	( DELEIS	4.1 101L 4.2 NA	_					1
NAME			1	-	DORESS .				
STREET ADDRESS	,		4.4 CITY						
CITY-ST-ZIP	<del></del>	☐ DELETE	5.1 TITL		4		Change	Addition	1
NAME		<del>-</del>	5.2 NAM				•		ì
STREET ADDRESS	,		5.3 STR	EETAI	DORESS				
CITY-ST-ZIP			5.4 CITY	-ST-Z	280				1
TITLE		☐ DELETE	6.1 TITL	E			Change	☐ Addition	1
NAME	AME 6.			E			-		ĺ
					DORESS I				1

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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

ATURE REQUIRED