

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

06-22-2004 90002 040 \*\*\*150.00  
07-19-2004 90007 035 \*\*\*400.00

**DOCUMENT # P99000043522**

1. Entity Name  
**RM TEXTURE AND PAINTING CORP.**



Principal Place of Business  
**11265 SW 155 LANE  
MIAMI, FL 33157**

Mailing Address  
**11265 SW 155 LANE  
MIAMI, FL 33157**



06132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0921805**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MONTOYA, RAFAEL  
11265 SW 155 LANE  
MIAMI, FL 33157**

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
MONTOYA, RAFAEL  
11265 SW 155 LANE  
MIAMI, FL 33157**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

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:**

*Rafael A. Montoya*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**06-14-04 786-443-1737**

Date

Daytime Phone #

Attachment

54063264

**RM Texture & Painting Corp.**  
**11265 SW 155 LN**  
**Miami, FL 33157**

June 15, 2004

Division of Corporations  
P.O. Box 6198  
Tallahassee, Florida 32314

Ref: 2004 Annual Report  
Document # P99000043522

Dear Sirs:

After a close review of my corporate tax liabilities, I found that we did not receive the form for the yearly payment of 2004 Annual Report.

My immediate step was to obtain the form from the Website in the Internet in order to fulfill my tax obligations.

I am taking this opportunity to enclosed my check in the amount of \$ 150.00 dollars attached to the correspondent signed form.

Sincerely yours,

*Rafael A. Montoya*

Rafael A. Montoya  
President