^L2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900053844

1150 E SAMPLE RD., #207

POMPANO BEACH FL 33064

FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90458 009 ***150.00

PAES PAINTING SERVICES, IN	NC.	
Principal Place of Business	Mailing Address	

1150 E SAMPLE RD., #207

POMPANO BEACH FL 33064

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PAES, CLAUDIO A 1150 E SAMPLE RD., #207 POMPANO BEACH FL 33064 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE City FL Zip Code	Zip	Country	Zip		5	5. Certificate of Status Desired				
PAES, CLAUDIO A 1150 E SAMPLE RD., #207 POMPANO BEACH FL 33064 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City FL Zip Code City Ci					77	Name and Address of New Re	gistered Ag	ent		
1150 E SAMPLE RD., #207 POMPANO BEACH FL 33084 City FL Zip Code				Name		/				
1150 E SAMPLE RD, #207 POMPANO BEACH FL 33064 City FL Zip Cod	PAES, CL	AUDIO A		Street Addr	Chart Address (DO Day Number is Not Assestable)					
POMPANO BEACH FL 33064 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and title 4 applicable. (NOTE Registered Agent agrature required when reinstanting) DATE	-	N/ ·		Street Addi	Street Address (P.O. Box Number is Not Acceptable)					
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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		certify that the information supplied with	this filing does not qualify for		in Sectio	on 119.07(3)(i), Florida Statutes. I	further certify	that the ir	nformation	

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 of 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 arrayers, with all other like empowered.

SIGNATURE:

Date

Daytime Phone #