

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000061769**

1. Entity Name  
**LUMAR PAINTING SERVICES, INC.**



Principal Place of Business

**13411 SW 82 ST  
MIAMI, FL 33183**

Mailing Address

**13411 SW 82 ST  
MIAMI, FL 33183**

**DO NOT WRITE IN THIS SPACE**



07212004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0943805** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAST, LOUIS F  
4805 NW 79 AVE.  
MIAMI, FL 33166**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSD  
REYES, SEGUNDO S  
7230 SW 131 AVENUE  
MIAMI, FL 33183**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VT  
REYES, LUIS A  
19361 SW 117 AVENUE  
MIAMI, FL 33177**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

U00000168479  
07/26/04-80016-001 150.00

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IN THIS SPACE**

**Luis A. Reyes VP** 7/26/04 (04) 193-1177