

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90038 024 \*\*\*150.00

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02272004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000079064</b>					
1. Entity Name CORINELLA PAINTING & DECORATING, INC.					
Principal Place of Business 8513 NW 47TH STREET CORAL SPRINGS, FL 33067 <i>14578 TANGERINE BLVD LOXAHATCHEE FL. 33470</i>		Mailing Address 8513 NW 47TH STREET CORAL SPRINGS, FL 33067 <i>14578 TANGERINE BLVD LOXAHATCHEE FL. 33470</i>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
4. FEI Number 65-0946633				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORINELLA, ANTHONY 8513 NW 47TH STREET CORAL SPRINGS, FL 33067 <i>14578 TANGERINE BLVD LOXAHATCHEE, FL. 33470</i>			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORINELLA, ANTHONY		NAME		
STREET ADDRESS	8513 NW 47TH ST <i>14578 TANGERINE BLVD</i>		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33067 <i>LOXAHATCHEE FL</i>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ, ANGEL		NAME		
STREET ADDRESS	3117 MEADOW RD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____			Date: 2/27/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 561-385-8316		