2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 23, 2002 8:00 am Secretary of State P99000080013 DOCUMENT # 1. Entity Name A & J PAINT GROUP INC. 05-23-2002 90120 003 ***150 00 Principal Place of Business Mailing Address 11858 SW 98 TERR. 11858 SW 98 TERR. MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0946935 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANGEL ARAUSO ARAUJO, ANGEL I 11858 SW 98 TERR. MIAMI FL 33186 City Wiami Zip Code 33/43 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. ANCEL T. ARAU SIGNATURE ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9:-This corporation is eligible to satisfy its Intangible -FILE NOW!!! FEE IS \$150.00 10. Election:Campaign Financing \$5:00:May:Be; Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01)TITLE ☐ Delete TITLE Change ☐ Addition ARAUJO, ANGEL I NAME NAME 11858 SW 98 TERR. STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Delete Change ☐ Addition ARAUJO, LUIS A NAME NAME 11858 SW 98 TERR. STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition ARAUJO, LUIS A NAME NAME 11858 SW 98 TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami FL 33186 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

Davtime Phone #