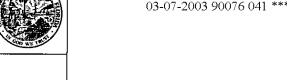
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000109357 DOCUMENT # 1. Entity Name MILLENNIA PAINTING SERVICES, INC.



03-07-2003 90076 041 ***150.00



| | | | | | | , | | | | | | |
|---|--|----------------------|---|--|-----------------------------------|-----------------------|--|--------------------------------|--|--------------|---------------------------|--------------------------------|
| Principal Place of Business 2700 SLADES CIR STE 103 WESTON FL 33327 | | | | Mailing Address 2700 SLADES CIR STE 103 WESTON FL 33327 | | | | | | | | a nai 1 18 0 and |
| 2. Principal I | | ess WOOD T | | Mailing Address | 00D T | ERRA | CE | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| WESTON, FL | | | | City & State WESTON, FL | | | | 4. F | El Number 65-0982885 | i | | oplied For ot Applicable |
| Zip 33327 Country USA | | | 3 | | | | otry 5. | | Certificate of Status Desired | | \$8.75 Add Fee Require | |
| | of Current Regist | | 7. Name and Address of New Registered Agent | | | | | | | | | |
| NAVAS, F | | | Name _ | | | | | | | | | |
| 1013 BLU | EWOOD TE | RR | | Street A | | | ddress (P.O. Box Number is Not Acceptable) | | | | | |
| WESTON FL 33327 | | | | | | City | FL Zi | | | | Zip Cod | e |
| R The above | atom at far the m | | J -10 | | | | | 1 ' | i | | | |
| the obligat | tions of regis | ejed agent. | atement for the pt | rpose or changing it | s registere | а опісе оі | r registere | d age | ent, or both, in the State of Flo | orida. Tam f | | and accept |
| SIGNATURE . | Signature, typed | r pulled name of rec | istered agent and title if | applicable. (NO | TE: Registered | Agent signat | ure required w | hen rein | | DATE | | { |
| F | ILE NOW!! | FEE IS \$1 | 50.00 | | | | | | 1 | | | |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | | | Election Campaign Fir Trust Fund Contributio | | | May Be to Fees |
| 10. | | OFFIC | ERS AND DIRECT | TORS | 11. | | | ADD | DITIONS/CHANGES TO OFF | ICERS AND | DIRECTORS | 5 IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NAVAS, FRANCISCO 182 RIVIERA CIRCLE WESTON FL 33326 | | | | | T ADDRESS ST-ZIP | | | NEWOOD TER | | ⊠ Change | Addition |
| TITLE | VP | | | Delete | TITLE | | voes | , 0. | | - • | ⊠ Change | Addition |
| IAME Street address Sity-St-Zip | BRITO, FLOR | | | NAM Stri | | | | | NUEWOOD TEN | | | |
| ITLE | WESTON | L 33320 | - 14. | ☐ Delete | TITLE | ST-ZIP | Wes | السااء | 10) 1-1 0000 | <u>~~</u> | ☐ Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | | | | | | T ADDRESS = ST-ZIP | پ تونید | | | ٠. | | |
| ITLE IAME TREET ADDRESS ITY-ST-ZIP | | | | ☐ Delete | | T ADDRESS | | | - | **** | ☐ Change | ☐ Addition |
| ITLE | 4 | | | ☐ Delete | CITY-S | SI - ZIP | | | | | Change | Addition |
| ame Treet address ITY-ST-ZIP | | | | | NAME STREET CITY-S | r adoress St-zip | | | | | | |
| TLE AME Treet address ITY-ST-ZIP | | | | ☐ Delete | TITLE NAME STREET CITY-S | TADDRESS ST-ZIP | | *** | | | Change | Addition |

12. I hereby certify that the information supplied with this filling 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:

954)384-0411