04-02-2003 90113 008 ***150.00

FILED
Apr 02, 2003 8:00 am
Secretary of State

2003	FOR	PROFIT	CORPO	RATION
UNIFO	RM B	USINESS	REPO	RT (UBR

S21638

1. Entity Name



PANTHER PAINTING, INC.				1					
Principal Place of Business 341 SUWANEE AVE JUPITER FL 33458		341 S	Mailing Address 341 SUWANEE AVE JUPITER FL 33458					iğu mimir iğğr	
US		03							
2. Principal Place of Business			3. Mailing Address					i dian bian u	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	FEI Number 65-0234325	<u> </u>	oplied For of Applicable
Zip	Country	Zip		Country				8.75 Ad ee Require	
	6. Name and Address of Current	Registere	ed Agent			7. 1	Name and Address of New Registered A	gent	
					Name				
	O, MICHAEL M.				Street Address (I	P.O. B	Box Number is Not Acceptable) = -		5
	ANNEE AVE.			-					
Jupiter i	FL 33458								
				-	City		FL	Zip Coo	e
8. The above the obliga-	named entity submits this statement for tions of registered agent.	or the purp	oose of changing its re	egistered	office or register	ed ag	ent, or both, in the State of Florida. I am fa	miliar with,	and accept
0.01471.05	The state of the s								
SIGNATURE	Signature, typed or printed name of registered agent	and title if app	olicable. (NOTE:	Registered A	gent signature required	l when re	einstating) DATE		
F	ILE NOW!!! FEE IS \$150.00								
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.	\$5.0 Adde	0 May Be d to Fees	
10. OFFICERS AND DIRECTORS				11.		AD	DDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	\$ IN 11
TITLE	DP		☐ Delete	TITLE				☐ Change	Addition
NAME	ALVARADO, MICHAEL M.			NAME					ļ
STREET ADDRESS CITY-ST-ZIP	341 SUWANNEE AVE. JUPITER FL	•		CITY-S	ADDRESS T-ZIP				
TITLE	:		☐ Delete	TITLE				☐ Change	☐ Addition
NAME				NAME	1000000				
STREET ADDRESS CITY-ST-ZIP				CITY-S	ADDRESS T-ZIP				
TITLE			☐ Delete	TITLE				☐ Change	Addition
NAME				NAME					
STREET ADDRESS CITY-ST-ZIP				STREET CITY-ST	ADDRESS				
TITLE			☐ Delete			<u> </u>		☐ Change	Addition
NAME			□ Delete	NAME	1			Onange_	
STREET ADDRESS				STREET	ADDRESS				
CITY-ST-ZIP				CITY-ST	r- ZIP				
TITLE			☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS				NAME	ADDRESS				
CITY-ST-ZIP				CITY-ST					
TITLE			☐ Delete	TITLE				Change	☐ Addition
NAME				NAME				_	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-ST	1-214				

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.

MELGIAMINUL DESCRIPTION AND ALVARADO 3-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylo