


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # S43615 1. Entity Name H & A PAINTING, INC.	
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Principal Place of Business 1280 W 60 TERRACE HIALEAH, FL 33012	Mailing Address 1280 W 60 TERRACE HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0254192	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 ALMEIDA, REBECCA C 7600 WEST 20 AVE SUITE 222 HIALEAH, FL 33016

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000137450
04/29/04-80040-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALMEIDA, HORTENSIA 1280 W 60TH TERR HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALMEIDA, HORTENSIA 1280 W. 60 TERR. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALMEIDA, HECTOR 1280 W 60TH TERR HIALEAH, FL 33012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/29/04
Date

Daytime Phone #