

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S93170

1. Entity Name
A AND G PAINTS & TILES INC



Principal Place of Business
10341 SW 142ND CT.
MIAMI, FL 33186

Mailing Address
10341 SW 142ND CT.
MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

**FILED
Apr 30, 2004 8:00 am
Secretary of State**

04-30-2004 90391 028 ***150.00



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0332336	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

DEGDUVEIA, ISIDRO
10341 SW 142ND CT.
MIAMI, FL 33186

**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

Signature, typed or printed name of registered agent and title if applicable

(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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEGDUVEIA, ISIDRO
STREET ADDRESS	10341 SW 142ND CT.
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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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)(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, without which I am empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #