2008 FOR PROFIT CORPORATION

Apr 04, 2008 8:00 am Secretary of State **ANNUAL REPORT** 04-04-2008 90006 041 ***158.75 **DOCUMENT # 533525** 1. Entity Name BEL-MAR PAINT CORP. Principal Place of Business Mailing Address 40058234 2300 CORAL WAY 2300 CORAL WAY SUITE 200 SUITE 200 MIAMI, FL 33145 MIAMI, FL 33145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02222008 Cha-P Applied For City & State City & State 4. FEI Number 59-1736974 Not Applicable Zip 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 Name FLORIDA ANNUAL REPORT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 Zip Code 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. 2000年 1397 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete ☐ Change TITLE BEHMOIRAS, RAFAEL NAME NAME 20425 NE 19TH CT. STREET ADDRESS STREET ADDRESS City-St-ZIP MIAMI, FL 33179 CITY-ST-ZIP VD ☐ Delete TITLE ☐ Change ☐ Addition BEHMOIRAS, MOISES NAME NAME STREET ADDRESS 5660 COLLINS AVE. 21-C STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP VD ☐ Change ☐ Addition TITI F ☐ Delete TITLE FISHMAN, ESTHER NAME NAME STREET ADDRESS 4200 HILLCREST DR #701 STREET ADDRESS HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

NAME

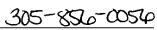
STREET ADDRESS CITY-ST-ZIP

SIGNATURE

NAME STREET ADDRESS

CITY-ST-ZIP





FILED