


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P00000002221
 1. Entity Name
 E. TOLEDO PAINTING, INC.



Principal Place of Business 13194 SW 186 TERRACE MIAMI, FL 33177	Mailing Address 6854 W FLAGLER ST MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0972165	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
 TOLEDO, EDUARDO
 13194 SW 186 TERRACE
 MIAMI, FL 33177

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000865097
 04/07/08-80015-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOLEDO, EDUARDO 13194 SW 186 TERRACE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TOLEDO, ELENA 13194 SW 186 TERRACE MIAMI, FL 33177
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *X [Signature]* **03/18/08** **(305) 283 7559**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #