DOCUMENT # P00000095642

1. Entity Name
A & A PAINTING, INC.

FILED
Jan 08, 2001 8:00 am
Secretary of State
01-08-2001 90062 017 ***158.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4645 PADDLE CREEK PLACE ORLANDO FL 32829	4645 PADDLE CREEK PLACE ORLANDO FL 32829

2. Principal Place of Business	3. Mailing Address
4645 Saddle Creek Pl	4645 Saddle Cr Pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Fl	City & State: Orlando, Fl
Zip: 32829 Country:	Zip: 32829 Country:

4. FEI Number: 59-3678092 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ALFONSO
4645 PADDLE CREEK PLACE
ORLANDO FL 32829

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 4645 Saddle Creek Pl
City: Orlando FL Zip Code: 32829

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.

SIGNATURE: Alfonso Rodriguez DATE: 1-3-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	☐ Delete
NAME	Alfonso Rodriguez	
STREET ADDRESS	4645 Saddle Creek Pl	
CITY-ST-ZIP	Orlando, Fl 32829	
TITLE	Vice-President	☐ Delete
NAME	Ruth Rodriguez	
STREET ADDRESS	4645 Saddle Creek Pl	
CITY-ST-ZIP	Orlando, Fl 32829	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alfonso Rodriguez 1-3-01 (407) 381-1105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)