

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095603

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: NCT PAINTING SERVICES, INC.

## Current Principal Place of Business:

2796 SHAUGHNESSY DRIVE  
WELLINGTON, FL 33414

## New Principal Place of Business:

## Current Mailing Address:

2796 SHAUGHNESSY DRIVE  
WELLINGTON, FL 33414

## New Mailing Address:

FEI Number: 05-0532777

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHERREZ, NESTOR  
2796 SHAUGHNESSY DRIVE  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CHERREZ, NESTOR  
Address: 2796 SHAUGHNESSY DRIVE  
City-St-Zip: WELLINGTON, FL 33414

Title: VP ( ) Delete  
Name: SOLIS, DAVID  
Address: 9510 SW 1ST PLACE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T ( ) Delete  
Name: PINZON, OSCAR  
Address: 4000 N 65TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NESTOR CHERREZ

P

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date