## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000069022

City-St-Zip:

PORT ORANGE, FL 32128

FILED Jul 07, 2008 Secretary of State

Entity Nar	ne: ACUNA F	PAINTING, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1739 SPOT PORT ORA	TTSWOODE ( ANGE, FL 32'	CT. 128			
Current M	ailing Addres	ss:	New Mailing Address	New Mailing Address:	
1739 SPOTTSWOODE CT. PORT ORANGE, FL 32128					
FEI Number:	20-0092666	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
ALL FLORIDA FIRM INC 813 DELTONA BLVD SUITE C DELTONA, FL 32725 US			524 S. SEGRAVE STR SUITE 2	DAYTONA SOLUTIONS! INC. 524 S. SEGRAVE STREET SUITE 2 DAYTONA BEACH, FL 32114 US	
The above in the State		submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: CLAUDIA SLY				07/07/2008	
Electronic Signature of Registered Agent			nt	Date	
		3(2)(b), F.S., the corporation did not growth Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ACUNA, GLAD 1739 SPOTTS\ PORT ORANGI	VOODE CT.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T ( ARANDA, CARO 1739 SPOTTS\ PORT ORANGI	VOODE CT.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	S ( WILFREDO, AI 1739 SPOTTS\		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: GLADYS ACUNA P 07/07/2008