



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000043455		
1. Entity Name MERINO'S PAINTING & REPAIR INC		
Principal Place of Business 3715 GREENFORD STREET VALRICO, FL 33594 US		Mailing Address 3715 GREENFORD STREET VALRICO, FL 33594 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MERINO, IVAN 3715 GREENFORD STREET VALRICO, FL 33594		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 - After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	MERINO, IVAN	
STREET ADDRESS	3715 GREENFORD STREET	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	VP	
NAME	TORUNO-SANTOS, JORGE	
STREET ADDRESS	906 E. 31ST AVENUE	
CITY-ST-ZIP	TAMPA, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		Date: 4/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0825443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000526991
05/04/06-80094-020 150.00

**DO NOT WRITE
IN THIS SPACE**