


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90033 019 \*\*\*150.00

**DOCUMENT # P04000148459**

1. Entity Name  
**A1 PAINTING CONTRACTORS, INC.**



Principal Place of Business      Mailing Address

1815 SW 81 TERR      1815 SW 81 TERR  
 DAVIE, FL 33324      DAVIE, FL 33324

**20006732**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**1845 SW 81 Terrace**      **1845 SW 81 Terrace**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



03122007      Chg-P      CR2E034 (12/06)

City & State      City & State

**DAVIE FL**      **DAVIE, FL**

Zip      Country      Zip      Country

**33324 US**      **33324 US**

4. FEI Number      Applied For

**20-1818730**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DONAYRE, CARLOS M**  
**1815 SW 81 TERR**  
**DAVIE, FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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, 2007 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DONAYRE, CARLOS MOISES	1815 SW 81 TERR	DAVIE, FL- 33324	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Carlos moises Donayre	1845 SW 81 Terrace	DAVIE, FL 33324	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** \_\_\_\_\_ **03/12/07 (954) 614 68 72**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #