


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90011 025 ***150.00

| | |
|--|---|
| DOCUMENT # P05000004607 1. Entity Name GINO'S PAINTING CORP. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 8426 NW 61 STREET MIAMI, FL 33165 | Mailing Address 8426 NW 61 STREET MIAMI, FL 33165 |
|---|---|

DO NOT WRITE IN THIS SPACE



02022007 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-2148130 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

BLANDO, JOAQUIN
8426 NW 61 STREET
MIAMI, FL 33165

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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 | P BLANDO, JOAQUIN 10710 SW 146 CT MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BLANDO, CHRISTIAN A 10710 SW 146 CT MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 02-20-07 Daytime Phone # _____