

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90240 021 ***150.00

DOCUMENT # P05000009641 1. Entity Name ANDINO GROUP PAINTING CORP.					
Principal Place of Business 44 E 17 ST HIALEAH, FL 33010			Mailing Address 44 E 17 ST HIALEAH, FL 33010		
2. Principal Place of Business 3078 SW 4 Street Suite, Apt. #, etc.		3. Mailing Address 3078 SW 4 Street Suite, Apt. #, etc.			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 20-219-2884	
Zip 33135		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDINO, LEONEL 44 E 17 ST HIALEAH, FL 33010				7. Name and Address of New Registered Agent Name ANDINO, LEONEL Street Address (P.O. Box Number is Not Acceptable) 3078 SW 4 Street City MIAMI FL Zip Code 33135	
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 03/21/06 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ANDINO, LEONEL 44 E 17 ST HIALEAH, FL 33010	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ANDINO, LEONEL 3078 SW 4 Street MIAMI, FL 33135	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, GRETTY 44 EAST 17TH ST. HIALEAH, FL 33010	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, GRETTY 3078SW 4 Street MIAMI, FL 33135	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUMBAUT, JORGE L 200 NW 46TH AVE. MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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		
Leonel Andino			03/21/06 (305)642-5602 Daytime Phone #		