## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000112186

18520 SW 39TH ST

MIRAMAR, FL 33029

Address: City-St-Zip: FILED Sep 02, 2009 Secretary of State

Entity Nam	ne: SEVMA	AR PAINTING SERVICE, INC.		-	
Current Principal Place of Business:			New Principal Place	of Business:	
18520 SW 3 MIRAMAR,					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
16180 SW 2 MIRAMAR,			18520 SW 39TH ST MIRAMAR, FL 33029		
FEI Number:	16-1770471	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
A1A REGISTERED AGENT INC. 5647 110TH AVE N ROYAL PALM BEACH, FL 33411 US			MARQUEZ, ARACELIS 18520 SW 39TH ST MIRAMAR, FL 33029		
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.					
SIGNATURE: ARACELIS MARQUEZ				09/02/2009	
	Electi	ronic Signature of Registered Age	nt	Date	
		.193(2)(b), F.S., the corporation did not cing Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD SEVERINO, 18520 SW 3 MIRAMAR, F	9TH ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD MARQUEZ, 4323 REFLE SUNRISE, F	ECTION BLVD. N., APT. 102	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	SD MARQUEZ,	(X) Delete ARACELIS	Title: Name:	( ) 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.

Address:

City-St-Zip:

SIGNATURE: PEDRO R SEVERINO PD 09/02/2009