

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000069290

FILED  
Jun 15, 2006  
Secretary of State

Entity Name: D AND T PAINTING SERVICES, INC.

**Current Principal Place of Business:**

6163 SW 191 AVE.  
PEMBROKE PINES, FL 33332 US

**New Principal Place of Business:**

**Current Mailing Address:**

6163 SW 191 AVE  
N. MIAMI, FL 33168 US

**New Mailing Address:**

6163 SW 191 AVE  
PEMBROKE PINES, FL 33332 US

FEI Number: 65-0938793      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOSQUERA, MONICA  
6163 SW 191 AVE  
PEMBROKE PINES, FL 33332 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MOSQUERA, MONICA  
Address: 6163 SW 191 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33332

Title: SVD ( ) Delete  
Name: MOSQUERA, GILBERTO  
Address: 6163 SW 191 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33332

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MONICA MOSQUERA

PTD

06/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date