

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90027 042 ***550.00

DOCUMENT # P04000072696

1. Entity Name
EXCLUSIVE PAINTING INC.



Principal Place of Business
**5702 SW 57TH PLACE
DAVIE, FL 33314**

Mailing Address
**5702 SW 57TH PLACE
DAVIE, FL 33314**

00000014



2. Principal Place of Business
11900 BISCAYNE Blvd.
Suite, Apt. #, etc.
SUITE 270

3. Mailing Address
11900 BISCAYNE Blvd.
Suite, Apt. #, etc.
SUITE 270

06152006 Chg-P CR2E034 (11/05)

City & State
MIAMI, FLORIDA

City & State
MIAMI, FL

4. FEI Number
83-0397842

Applied For
Not Applicable

Zip
33181

Country
USA

Zip
33181

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**MORON, RICARDO
5702 SW 57TH PLACE
DAVIE, FL 33314**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/01/06
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
PRES ☐ Delete
NAME
MORON, RICARDO
STREET ADDRESS
5702 SW 57TH PLACE
CITY-ST-ZIP
DAVIE, FL 33314

TITLE
VP ☐ Delete
NAME
REYES, RICARDO A
STREET ADDRESS
5702 SW 57TH PLACE
CITY-ST-ZIP
DAVIE, FL 33314

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

RICARDO REYES

08/31/06
Date

305-891-9032
Daytime Phone #