

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90021 012 \*\*\*150.00

<b>DOCUMENT # 251601</b> 1. Entity Name <b>MARSHALL PAINTING INC</b>			
Principal Place of Business <b>3000 ISLAND BLVD</b> <b># 1201</b> <b>AVENTURA, FL 33160 US</b>		Mailing Address <b>P.O. BOX 800648</b> <b>MIAMI, FL 33280-0648 US</b>	
2. Principal Place of Business <b>5944 Coral Ridge Dr.</b> Suite, Apt. #, etc. <b>Suite 125</b> City & State <b>Coral Springs, FL</b> Zip <b>33076</b> Country <b>USA</b>		3. Mailing Address <b>5944 Coral Ridge Dr.</b> Suite, Apt. #, etc. <b>Suite 125</b> City & State <b>Coral Springs, FL</b> Zip <b>33076</b> Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>FURSHMAN, MARSHALL</b> <b>3000 ISLAND BLVD. 1201</b> <b>AVENTURA, FL 33160</b>		7. Name and Address of New Registered Agent Name <b>Furshman, Marshall</b> Street Address (P.O. Box Number is Not Acceptable) <b>5944 Coral Ridge Drive, Suite 125</b> City <b>CORAL SPRINGS</b> <b>FL</b> Zip Code <b>33076</b>	
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 <b>Marshall Furshman</b> <i>Marshall Furshman</i> <b>3/15/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME FURSHMAN, MARSHALL STREET ADDRESS 3000 ISLAND BLVD. 1201 CITY-ST-ZIP AVENTURA, FL 33160	<input type="checkbox"/> Delete	TITLE PD NAME FURSHMAN, MARSHALL STREET ADDRESS 5944 CORAL RIDGE DRIVE SUITE 125 CITY-ST-ZIP CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME FURSHMAN, BRETT STREET ADDRESS 3000 ISLAND BLVD. 1201 CITY-ST-ZIP AVENTURA, FL 33160	<input type="checkbox"/> Delete	TITLE VD NAME FURSHMAN, BRETT STREET ADDRESS 5944 CORAL RIDGE DRIVE SUITE 125 CITY-ST-ZIP CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME FURSHMAN, MARLENE STREET ADDRESS 3000 ISLAND BLVD. 1201 CITY-ST-ZIP AVENTURA, FL 33160	<input type="checkbox"/> Delete	TITLE SD NAME FURSHMAN, MARLENE STREET ADDRESS 5944 CORAL RIDGE DRIVE SUITE 125 CITY-ST-ZIP CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Marshall Furshman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3/15/06</b> <small>Date</small>	<b>954 978 3029</b> <small>Daytime Phone #</small>