2008 FOR PROFIT CORPORATION

ANNUAL REPORT



Apr 25, 2008 8:00 am Secretary of State **DOCUMENT #359567** 04-25-2008 90112 038 ***158.75 1. Entity Name GENÉRAL CAULKING & COATINGS CO., INC. Principal Place of Business Mailing Address 101 N.W. 176TH STREET 101 N.W. 176TH STREET MIAMI, FL 33169 US MIAMI, FL 33169 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-1284060 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Michael Engelke ENGELKE, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 6829 VERONESE STREET CORAL GABLES, FL 33146 101 NW 176th Street City FL Zip Code 33 169 Miami 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 legistered agent. XVUOLUS 10 APA 06 Michael Engelke, President DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TD Delete ☐ Change ☐ Addition KANISTRAS GEORGE NAME NAME 605 CHAPMAN RD STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO, FL 32765 SD TITLE ☐ Delete TITLE ☐ Change □ Addition KANISTRAS, GEORGE NAME NAME 605 CHAPMAN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TOWNSON, TERRY NAME NAME STREET ADDRESS 315 BRAVADO LANE STREET ADDRESS WEST PALM BEACH, FL 33404 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ■ Addition ENGELKE, MICHAEL STREET ADORESS 6829 VERONESE ST. STREET ADDRESS 101 NW 176th Street CORAL GABLES, FL 33146 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33169 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANDREWS, JAMES C NAME 1211 SW 129TH WAY STREET ADDRESS STREET ADDRESS **DAVIE, FL 33325** CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attaching that it is a statute of the corporation of the receiver of the corporation or the receiver of 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 attaching the trustee empowered.

(305) 652-1020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNUNG OFFICER OR DIRECTOR MICHAEL Engelke, President

Date Daytime Phone #

FILED