

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 NOV 12 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 440614

1. Entity Name
DEAKO COATING & CHEMICAL INCORPORATED



Principal Place of Business
2540 NW 29TH AVENUE
MIAMI, FL 33142

Mailing Address
2540 NW 29TH AVENUE
MIAMI, FL 33142

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11052008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-1497606

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTOS, YOLANDA
2540 NW 29TH AVENUE
MIAMI, FL 33142

Name Virgilio Hernandez
Street Address (P.O. Box Number is Not Acceptable)
2540 NW 29 ST
City Miami FL Zip Code 33142

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)

11/6/08
DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME MARTOS, YOLANDA
STREET ADDRESS 2540 NW 29TH STREET
CITY-ST-ZIP MIAMI, FL 33142

TITLE P ☐ Change ☒ Addition
NAME Nidia R. Hernandez
STREET ADDRESS 2540 NW 29 ST
CITY-ST-ZIP Miami FL 33142

TITLE V ☒ Delete
NAME MARTOS, JR., HUMBERTO
STREET ADDRESS 2540 NW 29TH AVE.
CITY-ST-ZIP MIAMI, FL 33142

TITLE ☐ Change ☐ Addition
NAME 200137844322
STREET ADDRESS 11/12/08--01021--003
CITY-ST-ZIP **61.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

Nidia R. Hernandez 11/6/08

Daytime Phone #