FILED
May 01, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 638736

1. Entity Name
ELECTROSTATIC INDUSTRIAL PAINTING, INC.

Principal Place of Business	Mailing Address
6801 NW 25 AVE MIAMI, FL 33147 US	6801 NW 25 AVE MIAMI, FL 33347

DO NOT WRITE IN THIS SPACE

04272008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1940544
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANUEL L. CRESPO, ESQ.
10765 SW 104 ST
MIAMI, FL 33176

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LUGO, GUILLERMO
STREET ADDRESS	18300 SW 160 AVE.
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	VP
NAME	LUGO, JOSE
STREET ADDRESS	1100 SW 82 AVE.
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	SD
NAME	LUGO, ROSA
STREET ADDRESS	18300 SW 160 AVE.
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/28/08-80107-007 150.00

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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: X [signature] DIRECTOR ROSA LUGO 4/28/08 (305) 558-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #