


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # J40426 1. Entity Name LEOMAR PAINT INC., CO	
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Principal Place of Business
**4831 S.W. 5 TERR.
MIAMI, FL 33134**

Mailing Address
**4831 S.W. 5 TERR.
MIAMI, FL 33134**



03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2735379	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ARANCIBIA, LEONARDO M
4831 SW 5 TERR.
MIAMI, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**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	ARANCIBIA, LEONARDO M
STREET ADDRESS	4831 SW 5 TERR.
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	S
NAME	ARANCIBIA, MARTA
STREET ADDRESS	4831 SW 5 TERR.
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	VP
NAME	ARANCIBIA, CLAUDIO
STREET ADDRESS	4831 SW 5 TERRACE
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	T
NAME	ARANCIBIA, LEONARDO A
STREET ADDRESS	4831 SW 5 TERRACE
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/08-80041-005 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

Leonardo Arancibia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/08
Date

786-877-7545
Daytime Phone #