

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90009 048 ***150.00

DOCUMENT # K61498

1. Entity Name

PAINT-RITE ENTERPRISES, INC.



Principal Place of Business

2144 SE STARGRASS ST
PORT ST LUCIE, FL 34984

Mailing Address

2144 SE STARGRASS ST
PORT ST LUCIE, FL 34984

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

2443 SW CAMEO Blvd

3. Mailing Address

2443 SW CAMEO Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222007

Chg-P

CR2E034 (12/06)

City & State

Port St Lucie FL

City & State

Port St Lucie

4. FEI Number

65-0127041

Applied For

Not Applicable

Zip

34953

Country

St Lucie

Zip

34953

Country

St Lucie

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAVA, TOMASA F.
2144 SE STARGRASS ST.
PORT ST. LUCIE, FL 34984

7. Name and Address of New Registered Agent

Name SAME NAME

Street Address (P.O. Box Number is Not Acceptable)

2443 SW CAMEO Blvd.

City

Port St Lucie

FL

Zip Code

34953

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

TOMASA F. NAVA

3/6/07

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPV ☐ Delete
NAME NAVA, NESTOR
STREET ADDRESS 2144 S E STARGRASS ST
CITY-ST-ZIP PORT ST LUCIE FL,

TITLE DTS ☐ Delete
NAME NAVA, TOMASA
STREET ADDRESS 2144 S E STARGRASS ST
CITY-ST-ZIP PORT ST LUCIE FL,

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

Nestor R. Nava
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/07 (712) 819-0036
Date Daytime Phone #