## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 27, 2008 08:00 A Secretary of State **DOCUMENT # M06065** EUROPEAN PAINTER, INC. Principal Place of Business Mailing Address % SILVANO CICOGNA % SILVANO CICOGNA 150 SW 22 ROAD 150 SW 22 ROAD MIAMI, FL 33129 MIAMI, FL 33129 No Chg-P CR2E034 (11/05) 01132008 Applied For 4. FEI Number 59-2468070 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CICOGNA, SILVANO DO NOT WRITE 150 S.W. 22ND ROAD MIAMI, FL 33129 IN THIS SPACE $-\mathbf{e}^{\frac{1}{2}}+\omega_{\mathbf{q}}^{2}$ , $\hat{\mathbf{e}}_{\mathbf{q}}^{2}$ and $\hat{\mathbf{e}}_{\mathbf{q}}^{2}$ is $\hat{\mathbf{e}}_{\mathbf{q}}^{2}$ , $\hat{\mathbf{e}}_{\mathbf{q}}^{2}$ in $\hat{\mathbf{e}}_{\mathbf{q}}^{2}$ 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. DP CICOGNA, SILVANO NAME 150 SW 22ND ROAD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS - DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 propowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED**