

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000005048

FILED
Feb 04, 2009
Secretary of State

Entity Name: A PLUS INTERNATIONAL PAINTING, INC.

Current Principal Place of Business:

240 20TH AVE. NORTH EAST
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

240 20TH AVE. NORTH EAST
NAPLES, FL 34120

New Mailing Address:

FEI Number: 59-3617915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AL FLORIDA FIRM, INC
813 DELTONA BLVD
STE A
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

VELASCO, MARTHA C VD
240 20TH AVE NE
NAPLES, FL 34120 US

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.

SIGNATURE: MARTHA C VELASCO

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VELASCO, ALBERTO
Address: 240 20TH AVE. NORTH EAST
City-St-Zip: NAPLES, FL 34120

Title: VD () Delete
Name: ROMERO, MARTHA C
Address: 240 20TH AVE. NORTH EAST
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA C VELASCO

VD

02/04/2009

Electronic Signature of Signing Officer or Director

Date