

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000031760

1. Entity Name

PAINT SOLUTIONS, INC.



Principal Place of Business

880 NE 135 STREET
N MIAMI FL 33161

Mailing Address

880 NE 135 STREET
N MIAMI FL 33161

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0995738

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVINE & SEGAUL, P.A.
4300 N UNIVERSITY DRIVE SUITE A-106
FORT LAUDERDALE FL 33351

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May B.
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CATANEDA, MARIO O	
STREET ADDRESS	880 NE 135 STREET	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	CATANEDA, FRANK	
STREET ADDRESS	880 NE 135 STREET	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	P	<input type="checkbox"/> Delete
NAME	EASTANEDA, HENRY	
STREET ADDRESS	880 NE 135TH STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

U00000544865
05/11/06-80053-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Henry Eastaneda* HENRY EASTANEDA

4/25/2006

305 610 8116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #