

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000035662

FILED
Nov 29, 2007
Secretary of State**Entity Name:** ALTERNATIVE PAINTING SOLUTIONS INC.**Current Principal Place of Business:**3665 NE 167 ST
APT 505
NORTH MIAMI BEACH, FL 33160**New Principal Place of Business:****Current Mailing Address:**3665 NE 167 ST
505
NORTH MIAMI BEACH, FL 33160**New Mailing Address:****FEI Number:** 65-1124784**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FELIPE, ALFREDO
3665 NE 167 ST
505
NORTH MIAMI BEACH, FL 33160 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** OWN () Delete
Name: FELIPE, ALFREDO
Address: 3665 NE 167 ST APT 505 505
City-St-Zip: NORTH MIAMI, FL 33160**Title:** V (X) Delete
Name: CARIAS, LUIS DAVID
Address: 131 NE 171 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162**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: ALFREDO FELIPE

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11/29/2007

Electronic Signature of Signing Officer or Director_____
Date