2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

Mar 15, 2007 8:00 am Secretary of State **DOCUMENT # P00000116756** 1. Entity Name 03-15-2007 90017 016 ***150.00 DORAL QUALITY PAINTING, INC. Principal Place of Business Mailing Address 6700 NW 114 AVE 6700 NW 114 AVE #921 #921 MIAMI, FL 33178 MIAMI, FL 33178 No Chg-P CR2E034 (11/05) 02142007 DO NOT WRITE IN-THIS SPACE --Applied For 4. FEI Number 65-1063088 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent ORTEGA, JOSE L DO NOT WRITE 6700 NW 114 AVE #921 IN THIS SPACE MIAMI, FL 33178 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ORTEGA, JOSE L STREET ADDRESS 6700 NW 114 AVE CITY-ST-ZIP MIAMI, FL 33178 TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MLE 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

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #