2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000003191

1. Entity Name
ABSOLUTE PAINTING BY OSCAR, INC.

Principal Place of Business	Mailing Address
14500 S.W. 280TH STREET #293 HOMESTEAD, FL 33032	P.O. BOX 924636 HOMESTEAD, FL 33092-4636

DO NOT WRITE IN THIS SPACE

01052006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1065116	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DONOSO, OSCAR F
14500 S.W. 280TH STREET #293
HOMESTEAD, FL 33032

DO NOT WRITE IN THIS SPACE

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**	**9.** Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U00000382637 01/12/'06-80016-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	DONOSO, OSCAR
STREET ADDRESS	14500 S.W. 280TH STREET #293
CITY-ST-ZIP	HOMESTEAD, FL 33032

TITLE	
NAME	
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CITY-ST-ZIP	

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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 empowered.

SIGNATURE: OSCAR DONOSO-PRES 01/05/06 (305)796-4075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #