

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State

07-05-2006 90003 026 ***158.75

DOCUMENT # P01000013019	
1. Entity Name UNIVERSAL PAINTING & SERVICES, INC.	

Principal Place of Business 5010 MONROE STREET HOLLYWOOD, FL 33021	Mailing Address 5010 MONROE STREET HOLLYWOOD, FL 33021
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2. Principal Place of Business 20098 NE 15th Court	3. Mailing Address 20098 NE 15th Court
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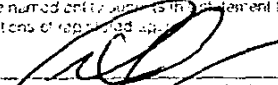
06302006 Chg-P CR2E034 (11/05)

City & State MIAMI, Florida	City & State MIAMI, Florida
Zip 33179	Zip 33179
County DADE	County DADE

4. FEI Number 65-1096490	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

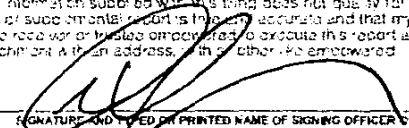
6. Name and Address of Current Registered Agent ROBLEJO, GUY R 16499 NE 19TH AVE SUITE 106 N MIAMI BEACH, FL 33162	
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7. Name and Address of New Registered Agent Name: DAVID TORO Street Address (P.O. Box Number is Not Acceptable): 20098 NE 15th Court City: MIAMI FL 33179	
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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  DAVID TORO (AGENT)	Date: 6-30-2006

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '05			
TITLE	P	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	TORO, DAVID			NAME			
STREET ADDRESS	5010 MONROE STREET			STREET ADDRESS			
CITY/ST/ZIP	HOLLYWOOD, FL 33021			CITY/ST/ZIP			
TITLE	VP	☒ Delete		TITLE		☐ Change ☐ Addition	
NAME	ROBLEJO, GUY R			NAME			
STREET ADDRESS	5010 MONROE STREET			STREET ADDRESS			
CITY/ST/ZIP	HOLLYWOOD, FL 33021			CITY/ST/ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY/ST/ZIP				CITY/ST/ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY/ST/ZIP				CITY/ST/ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY/ST/ZIP				CITY/ST/ZIP			

12. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as I made under oath, that I am an officer or director of the corporation or the receiver or trustee appointed to administer its affairs as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attached written address, with or without an endorsement.	
SIGNATURE: 	Date: 6-30-2006 305-747-4306
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	