
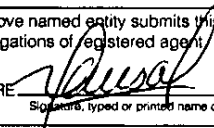
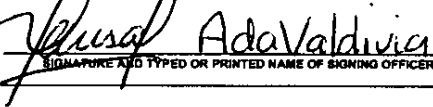


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90167 031 \*\*\*150.00

DOCUMENT # P01000013705					
1. Entity Name PAINTING, REPAIR & BEYOND, INC.					
Principal Place of Business 750 N.W. 133RD COURT MIAMI, FL 33182			Mailing Address 750 N.W. 133RD COURT MIAMI, FL 33182		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1083216	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEREZ-QUEZADA, RAFAEL 750 N.W. 133RD COURT MIAMI, FL 33182			Name Ada Valdivia		
			Street Address (P.O. Box Number is Not Acceptable)		
			750 NW 133rd Court		
			City Miami		FL Zip Code 33182
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 			DATE 4/23/07		
Signatory's typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VALDIVIA, ADA	NAME			
STREET ADDRESS	750 N.W. 133RD COURT	STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 33182	CITY - ST - ZIP			
TITLE	VPSD <input checked="" type="checkbox"/> Delete	TITLE	VPSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VALDIVIA, ADA	NAME	Perez Rafael		
STREET ADDRESS	750 N.W. 133RD COURT	STREET ADDRESS	750 NW 133rd Court		
CITY - ST - ZIP	MIAMI, FL 33182	CITY - ST - ZIP	Miami, Fl. 33182		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PEREZ, RAFAEL	NAME	Perez Hansel		
STREET ADDRESS	750 N.W. 133RD COURT	STREET ADDRESS	750 NW 133rd Court		
CITY - ST - ZIP	MIAMI, FL 33182	CITY - ST - ZIP	Miami, Fl. 33182		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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 an address, with all other like empowered.					
SIGNATURE: 			DATE: 4/23/07		DAYTIME PHONE #: 305-207-8668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #