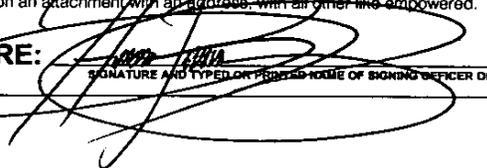


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90122 001 ***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		4. FEI Number 65-1083216	
Zip	Country	Zip	Country	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		
VALDIVIA, ADA 750 N.W. 133RD COURT MIAMI, FL 33182			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDIVIA, ADA		NAME	Perez Valdivia, Hansel	
STREET ADDRESS	750 N.W. 133RD COURT		STREET ADDRESS	750 NW 133rd Ct.	
CITY-ST-ZIP	MIAMI, FL 33182		CITY-ST-ZIP	Miami, Fl. 33182	
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, RAFAEL		NAME	Valdivia, Ada	
STREET ADDRESS	750 N.W. 133RD COURT		STREET ADDRESS	750 NW 133rd Ct.	
CITY-ST-ZIP	MIAMI, FL 33182		CITY-ST-ZIP	Miami, Fl. 33182	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, HANSEL		NAME	Perez Valdivia, Rafael	
STREET ADDRESS	750 N.W. 133RD COURT		STREET ADDRESS	750 NW 133rd Ct.	
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: 			4/19/08 305-207-8668		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40080550



04212008 Chg-P CR2E034 (12/06)