2011 ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000039390

1. Entity Name: Veracruz Painting, Inc.

FILED
2011 JUL 11 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034B (11/08)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1630 W FINLAND DR	1630 W FINLAND DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELTONA FL	City & State: DELTONA FL
Zip: 32725 Country:	Zip: 32725 Country:

4. FEI Number: 59-3719107 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ISRAEL MERAZ

Street Address (P.O. Box Number is Not Acceptable): 1630 W FINLAND DR

City: DELTONA FL Zip Code: 32725

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: SEE below ISRAEL MERAZ 7/9/11
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	ISRAEL MERAZ
STREET ADDRESS	1630 W FINLAND DR
CITY-ST-ZIP	DELTONA FL 32725
TITLE	VPST
NAME	ELIZABETH M MERAZ
STREET ADDRESS	1630 W FINLAND DR
CITY-ST-ZIP	DELTONA FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700209338577
07/11/11--01020--028 **193.75

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ISRAEL MERAZ 7/9/11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

President & Registered Agent