2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000054647

Address:

City-St-Zip:

Entity Name: BEST TRUST PAINTING CORP.

FILED Mar 31, 2008 Secretary of State

| Entity Nai | me: BEST IF | RUST PAINTING CORP | | | | | |
|---|--|----------------------------|-----------------|--|---------------|--|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| 1045 SW 7 MIAMI, FL | | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| 1045 SW 7 MIAMI, FL | | | | | | | |
| FEI Number | : 65-1109888 | FEI Number Applied Fo | r() FEI Nu | ımber Not App | icable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| 5563 29TH NAPLES, I The above | named entity of Florida. | JS | for the purpose | of changing i | ts registe | ered office or registered agent, or both, | |
| SIGNATOR | | nic Signature of Registe | red Agent | | | Date | |
| Election Car | npaign Financir | ng Trust Fund Contribution | (). | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | PD (MARTINEZ, JO 1045 SW 76 A MIAMI, FL 33 | VE | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SD (ESCANDELL, 5563 29TH PL NAPLES, FL 3 | ACE SW | | Title: Name: Address: City-St-Zip: | 5563 29 | (X) Change () Addition DELL, CAROLINA TH PLACE SW , FL 34116 | |
| Title: Name: | (|) Delete | | Title: Name: | SD MARTINI | ()Change(X)Addition EZ_ALEX I | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

1045 SW 76TH AVE

MIAMI, FL 33144

SIGNATURE: JORGE MARTINEZ PD 03/31/2008