

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90048 027 ***150.00

DOCUMENT # P01000058691

1. Entity Name
GUEVARA PAINTING, CORP.



40021540



Principal Place of Business Mailing Address
6240 S.W. 22 CT 6240 S.W. 22 CT
MIRAMAR, FL 33023 MIRAMAR, FL 33023

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
13175 NW 18 CT 13175 NW 18 CT
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pembroke Pines, FL Pembroke Pines, FL
Zip Country Zip Country
33028 33028

02092007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-1112362 Not Applicable

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

6. Name and Address of Current Registered Agent

GUEVARA, EZEQUIEL
6240 S.W. 22 CT
MIRAMAR, FL 33023

7. Name and Address of New Registered Agent

Name Guevara, Ezequiel
Street Address (P.O. Box Number is Not Acceptable)
13175 NW 18 CT
City Pembroke Pines FL Zip Code 33028

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUEVARA, EZEQUIEL	
STREET ADDRESS	6240 S.W. 22 CT	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	T	<input type="checkbox"/> Delete
NAME	CORCUERA, IRIS	
STREET ADDRESS	6240 S.W. 22 CT	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUEVARA, PAUL	
STREET ADDRESS	6240 S.W. 22 CT	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	- President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guevara, Ezequiel	
STREET ADDRESS	13175 NW 18 CT	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE	- Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Corcuera, Iris	
STREET ADDRESS	13175 NW 18 CT	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE	- Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guevara, Paul	
STREET ADDRESS	13175 NW 18 CT	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #