## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000061938

1. Entity Name

JRV PAINTS CORPORATION



FILED
May 02, 2007 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

10470 S.W. 72ND STREET MIAMI, FL. 33173

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04182007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1124802 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE ARMAS, GERARDO R 10470 S.W. 72ND STREET MIAMI, FL 33173

## DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agristure required when reinstating)  DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DE ARMAS, GERARDO R 10470 S.W. 72ND STREET MIAMI, FL 33173	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000754472 05/22/07-80061=024:150:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CHY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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 any address with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME O

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #