

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072926

Entity Name: BELTRAME PAINTERS, INC.

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

14115 KEY LIME BLVD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

14115 KEY LIME BLVD
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

14115 KEY LIME BLVD
LOXAHATCHEE, FL 33470

New Mailing Address:

14115 KEY LIME BLVD
LOXAHATCHEE, FL 33470 US

FEI Number: 65-1123664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOBRINHO, ALFONSO B
14115 KEY LIME BLVD
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

SOBRINHO, AFONSO B
14115 KEY LIME BLVD
LOXAHATCHEE, FL 33470 US

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.

SIGNATURE: AFONSO SOBRINHO

04/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: SOBRINHO, ALFONSO B
Address: 14115 KEYLIME BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: SOBRINHO, AFONSO B
Address: 14115 KEYLIME BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: AFONSO SOBRINHO

PTS

04/11/2006

Electronic Signature of Signing Officer or Director

Date