

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90084 031 \*\*\*150.00

DOCUMENT #P01000082941

1. Entity Name

TI & G PAINTING & CLEANING , INC.

**DO NOT WRITE IN THIS SPACE**

20005518

2. Principal Place of Business 19390 COLLING AVE. Apt. 308 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. 33160	
City & State SUNNY ISLES FL. 33160		City & State	
Zip 33160	Country DADE	Zip	Country
4. FEI Number 65-1131657		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

*Teresa Gallegos*  
Signature, typed or printed name of registered agent and title, if applicable

TERESA GALLEGOS

2-11-07

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	GALLEGOS TERESA 19390 Co-ling Ave. Apt. 308 SUNNY ISLES FL. 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all powers like empowered.

SIGNATURE: *Teresa Gallegos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT TERESA GALLEGOS

2-11-07

Date

Daytime Phone #

CR2E034B (12/01)