

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000007100

1. Entity Name  
MALIBU PAINTING, INC.



Principal Place of Business  
3210 NW 103 TERRACE  
SUNRISE, FL 33351

Mailing Address  
3210 NW 103 TERRACE  
SUNRISE, FL 33351



04102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
80-0028385  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KANAVROV, NIKOLAI  
7745 NW 78 CT  
TAMARAC, FL 33321

**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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

000000513740

04/29/06 00142 011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KANAVROV, NIKOLAI
STREET ADDRESS	7745 NW 78 CT
CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	S
NAME	TODOR, CARAN
STREET ADDRESS	2354 SW 1ST TERRACE
CITY - ST - ZIP	MIRAMAR, FL 33029
TITLE	T
NAME	CASTANO, CARLOS T
STREET ADDRESS	1952 SW 67TH AVE
CITY - ST - ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #