

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000024906

1. Entity Name
FOUR SEASONS PAINTING, INC.



Principal Place of Business
**3137 NW 67TH COURT
FORT LAUDERDALE, FL 33309**

Mailing Address
**3137 NW 67TH COURT
FORT LAUDERDALE, FL 33309**

DO NOT WRITE IN THIS SPACE

**FILED
Apr 24, 2006 08:00 AM
Secretary of State**



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3614520	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AYROLLA, PAULO
3137 NW 67TH COURT
FORT LAUDERDALE, FL 33309**

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IN THIS SPACE**

6. 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**

**UD00000527392
05/04/06-80110-021 150.00**

10. OFFICERS AND DIRECTORS

**TITLE: PSTD
NAME: AYROLLA, PAULO
STREET ADDRESS: 3137 NW 67TH COURT
CITY-ST-ZIP: FORT LAUDERDALE, FL 33309**

**TITLE: V
NAME: AYROLLA, ROSSANA
STREET ADDRESS: 3137 NW 67TH COURT
CITY-ST-ZIP: FORT LAUDERDALE, FL 33309**

**TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

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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

4/15/06

954 978 3335

Daytime Phone #