

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000058092

FILED  
Feb 04, 2008  
Secretary of State

Entity Name: JUAN LARGAESPADA PROFESSIONAL PAINTING CORP.

**Current Principal Place of Business:**

7207 SW 149TH CT.  
MIAMI, FL 33193

**New Principal Place of Business:**

**Current Mailing Address:**

7207 SW 149TH CT.  
MIAMI, FL 33193

**New Mailing Address:**

FEI Number: 01-0703748

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LARGAESPADA, JUAN  
7207 SW 149TH CT.  
MIAMI, FL 33193 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: LARGAESPADA, JUAN  
Address: 7207 SW 149TH CT.  
City-St-Zip: MIAMI, FL 33193

Title: V ( ) Delete  
Name: LARGAESPADA, JOSE A  
Address: 2534 SW 19TH TERR.  
City-St-Zip: MIAMI, FL 33145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JUAN LARGAESPADA

PS

02/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date