2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 27, 2006 8:00 am Secretary of State DOCUMENT # P02000061575 1. Entity Name 02-27-2006 90106 017 ***150 00 RESULTS PAINTING, INC. Principal Place of Business Mailing Address 1127 SW 1ST WAY 1127 SW 1ST WAY BOCA RATON, FL 33441 BOCA RATON, FL 33441 2. Principal Place of Business 3. Mailing Address 3600 S. Congress AV E 3600 5. Congress AVE 02222006 CR2E034 (11/05) Chg-P SULTE Applied For City & State 4. FE! Number Bo<u>vnton</u> BEACH . Beach, FL 01-0708628 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent and Address of Current Registered Agent MOSHE <u>Azoalos</u> AZOALOS, MOSHE Street Address (P.O. Box Number is Not Acceptable) 9620 CAROUSEL CIR S BOCA RATON, FL 33434 RATON 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) :..! 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be 1 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE MOSHE AZOALOS AZOALOS, MOSHE NAME 10847 AVENTDASANTA ANA BULA RATON FL 33498 9620 CAROUSEL CIRCLE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-7IP BOCA RATON, FL 33434 CITY-ST-789 Change Delete ☐ Addition TITLE TITLE LICATE, PAULO PAULO LICATE NAME NAME 8681 ROSALIE COURT STREET ADDRESS 9746 ALASKA CIR STREET ADDRESS BOCA RATON, FL 33434 BOYNTON BEACH .FL 33437 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED