
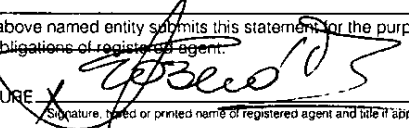
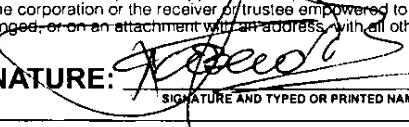


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90191 041 ***150.00

DOCUMENT # P02000097510 1. Entity Name ARTTECH REFINISH, INC.			
Principal Place of Business 7220 SW 132ND AVE. MIAMI, FL 33183		Mailing Address 7220 SW 132ND AVE. MIAMI, FL 33183	
2. Principal Place of Business - No P.O. Box # 19000 NW 80CT #2119		3. Mailing Address 19000 NW 80CT #2119	
City & State HALEAH GDS FL		City & State HALEAH GDS FL	
Zip 33016		Zip 33016	
Country 		Country 	
4. FEI Number 61-1422986		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 ARBOR, RICARDO 7220 SW 132ND AVE. MIAMI, FL 33183		7. Name and Address of New Registered Agent Name Jorge Roberto Street Address P.O. Box Number is not acceptable 19000 NW 80CT #2119 HALEAH GDS City FL Zip Code 33016	
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  DATE 3/15/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBOR, RICARDO J 7220 SW 122 AVENUE MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jorge H. Roberto <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19000 NW 80CT #2119 HALEAH GDS FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 3/15/07 Daytime Phone #	