## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** ANNUAL REPORT (AR) Feb 26, 2007 08:00 AN Secretary of State DOCUMENT # P02000098948 GOOD QUALITY PAINTING, INC. Mailing Address Principal Place of Business 6278SW 136 CT &pt. F. 103 6278 SW 136 CT MIAMI FL 33183 F1/3 MIAMI FL 33183 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, atc Suite. Apt. #. etc. 1st MOORE CR2E034 (10/06) City & Stato City & Stato 4. FEI Number Applied For 03-0481848 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VEGA, OSCAR TORIBIO Street Address (P.O. Box Number is Not Acceptable) 6378 SW 136 CT F103 **MIAMI FL 33183** Zip Coda 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change ☐ Addition HILE VEGA, OSCAR TORIBIO NAME. 637 EET ADDRESS STREET ADDRESS MIA CITY-ST-ZIP -ST-7IP <u> 11000000648929</u> 03/07/07-80029-010 change. Oth Addition STD OLO 6375 STREET ADDRESS T ADDIX SS MIAM CITY-ST-ZIP ☐ Change ☐ Addition IIILE MALG STREET ADDRESS - Ziî CITY ST-ZIP TITLE ☐ Change ☐ Addition NAME STREET ADDRESS Maria E Dear E Cons. CHTY-ST-ZIP Change ☐ Addition IIIE NAME STREET ADDRESS CITY-SI-ZIP ☐ AddItion THE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-SI-7IP I hereby certify that the information supplied with this filing does not qualify for the exomptions contained in Section 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 line empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR

305-4010220