


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90027 005 \*\*\*150.00

<b>DOCUMENT # P03000019295</b>		
1. Entity Name <b>PERNAS PAINTING, INC.</b>		

Principal Place of Business <b>235 NW 95TH ST S MIAMI, FL 33150</b>	Mailing Address <b>235 NW 95TH ST S MIAMI, FL 33150</b>
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**40091646**



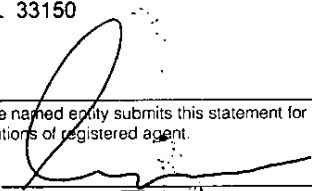
2. Principal Place of Business <b>229 East 52nd Street</b>	3. Mailing Address <b>229 East 52nd Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03132006 Chg-P CR2E034 (11/05)

City & State <b>Hialeah FL</b>	City & State <b>Hialeah FL</b>	4. FEI Number <b>14-1877825</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33013</b>	Country <b>US</b>	Zip <b>33013</b>	Country <b>US</b>

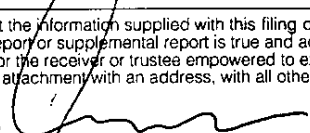
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PERNAS, ISRAEL 235 NW 95TH STREET MIAMI, FL 33150</b>	7. Name and Address of New Registered Agent Name <b>Israel Pernas</b> Street Address (P.O. Box Number is Not Acceptable) <b>229 E 52 ST</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33013</b>
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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 <b>3-13-06</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PERNAS, ISRAEL 235 NW 95TH STREET MIAMI, FL 33150</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Pernas, Israel 229 East 52nd Street Hialeah FL 33013</b> <input checked="" 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
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 <b>3-13-06</b> Daytime Phone # <b>786-463-9219</b>