## 2006 FOR PROFIT CORPORATION

## Apr 10, 2006 8:00 am Secretary of State **ANNUAL REPORT** 04-10-2006 90306 032 \*\*\*150.00 **DOCUMENT # P03000019908** NAVÉIRA PAINTING, INC. Principal Place of Business Mailing Address 60024693 17203 SW 115TH AVE 17203 SW 115TH AVENUE MIAMI, FL 33157 MIAMI, FL 33157 No Chg-P CR2E034 (11/05) 04052006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1173602 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NAVEIRA, JORGE DO NOT WRITE 17203 SW 115TH AVE MIAMI, FL 33157 IN THIS SPACE 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE NAVEIRA, JORGE NAME STREET ADDRESS 17203 SW 115TH AVENUE CITY-S1-ZIP MIAMI, FL 33157 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-S1-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

786) 210-6966

**FILED**