

**2007 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Jun 14, 2007 08:00 A
Secretary of State

DOCUMENT # P03000060367	
1. Entity Name SALGADO PAINTING, INC.	

Principal Place of Business 24 HOLLOW BRANCH RD. APOPKA, FL 32703 US	Mailing Address 24 HOLLOW BRANCH RD. APOPKA, FL 32703 US
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DO NOT WRITE IN THIS SPACE

06012007 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0469409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, FRANCISCO
24 HOLLOY BRANCH RD
APOPKA, FL 32703**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, FRANCISCO 24 HOLLOW BRANCH RD. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, LUIS 1112 DAIMLER DRIVE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, ANGEL 1112 DAIMLER DRIVE APOPKA, FL 32712
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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06/14/07-80001-015 150.00

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: _____ **6-12-07**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #