

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000075241 1. Entity Name PEDRERO BROTHERS CUSTOM PAINTING, INC.	
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Principal Place of Business 3113 SALEM AVE SARASOTA, FL 34232	Mailing Address 3113 SALEM AVE SARASOTA, FL 34232
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04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0579132	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEDRO, MARCUS 3113 SALEM AVE SARASOTA, FL 34232
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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
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEDRERO, MARCUS 3113 SALEM AVE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEDRERO, MICHAEL 4620 SELMA ST SARASOTA, FL 34232
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05/09/06-80003-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Marcus Pedrero Marcus Pedrero 941-809-8453 4-19-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #