

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90001 041 \*\*\*150.00

<b>DOCUMENT # P03000078923</b>		
1. Entity Name CONTEMPORARY FINISHING INC		

Principal Place of Business 5301 25TH AVE SW A NAPLES, FL 34116	Mailing Address 5301 25TH AVE SW A NAPLES, FL 34116
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2. Principal Place of Business 3855 White Blvd	3. Mailing Address PO Box 9884
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples FL	City & State NAPLES FL
Zip 34117	Country Collier
Zip 34101	Country Collier

6. Name and Address of Current Registered Agent CUELLAR, ISRAEL 5301 25TH AVENUE SW APT A NAPLES, FL 34116	
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7. Name and Address of New Registered Agent Name: Cuellar, Israel Street Address (P.O. Box Number is Not Acceptable): 3855 White Blvd City: Naples FL Zip Code: 34117	
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: <i>[Signature]</i> DATE: 9/7/06 (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CUELLAR, ISRAEL 5301 25TH AVENUE SW NAPLES, FL 34116 <i>P.O. Box 9884 Naples, FL 34101</i>	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
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 9/7/06 Daytime Phone #