

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000078923

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

2. Principal Place of Business  
**3855 White Bluff**

Suite, Apt. #, etc..

3. Mailing Address  
**P O Box 9884**

Suite, Apt. #, etc..

City & State  
**Naples Fl**

Zip **34117** Country **Collier**

City & State  
**NAPLES FL**

Zip **34101** Country **Collier**

6. Name and Address of Current Registered Agent

CUELLAR, ISRAEL  
5301 25TH AVENUE SW  
APT A  
NAPLES, FL 34116

|   |   |
|---|---|
| 4. FEI Number<br><b>20-0094948</b>  | Applied For<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                  | \$8.75 Additional Fee Required          |
| 7. Name and Address of New Registered Agent                                   |   |
| Name <b>Cueellar, Israel</b>  |   |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>3855 White Bluff</b> |   |
| City <b>Naples</b>  | FL                                      |
| Zip <b>34117</b>  | Zip Code                                |

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 x Missing

(NOTE: Registered Agent signature required when remitting)

9/7/06

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 15, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  Delete  
NAME CUELLAR, ISRAEL  
STREET ADDRESS 5301 25TH AVENUE SW  Delete  
CITY-ST-ZIP NAPLES, FL 34116 **P. O. Box 9884 Naples, FL 34101**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: x Missing

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/06

Date

Daytime Phone #