


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90423 002 \*\*\*150.00

<b>DOCUMENT # P03000107157</b> 1. Entity Name FLORIDA GREATEST PAINTING, INC.	
---	---

Principal Place of Business 2514 TAYLOR STREET SUITE 11 HOLLYWOOD, FL 33020	Mailing Address 2514 TAYLOR STREET SUITE 11 HOLLYWOOD, FL 33020
--	--

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>5036 SW 40th AVE</b> City & State <b>Fort Lauderdale, FL</b> Zip <b>33314</b>	3. Mailing Address Suite, Apt. #, etc. <b>5036 SW 40th AVE</b> City & State <b>Fort Lauderdale, FL</b> Zip <b>33314</b>
---	---

40089793



03312007 Chg-P CR2E034 (12/06)

4. FEI Number <b>56-2396335</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent APONTE, FABRICIO 2514 TAYLOR STREET SUITE 11 HOLLYWOOD, FL 33020	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5036 SW 40th AVE</b> City <b>Ft. Lauderdale FL</b> Zip Code <b>33314</b>	

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: *Fabricio Aponte*  
Signature, typed or printed name of registered agent and this if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P APONTE, FABRICIO 2514 TAYLOR STREET, SUITE 11 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5036 SW 40th AVE</b> <b>Ft. Lauderdale, FL 33314</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GALLEGO, GLORIA 2514 TAYLOR STREET, SUITE 11 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5036 SW 40th AVE</b> <b>Ft. Lauderdale, FL 33314</b>
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: *Fabricio Aponte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/07

Date

954-274-6591

Daytime Phone #