


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90015 001 \*\*\*150.00

<b>DOCUMENT # P03000108635</b>	
1. Entity Name <b>MICHELLE ROJAS PAINT A WISH, INC.</b>	

Principal Place of Business <b>342 191ST SUNNY ISLES FL 33160</b>	Mailing Address <b>342 191ST SUNNY ISLES FL 33160</b>
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2. Principal Place of Business - No P.O. Box # <b>342. 191ST SUNNY ISLES FL</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>FLORIDA</b>	City & State <b>FLORIDA</b>
Zip <b>33160</b>	Country <b>U.S.A</b>

4. FEI Number <b>30-0207208</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ROJAS, SHEILA 342 191 STREET SUNNY ISLES FL 33160</b>	
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7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PD ROJAS, SHEILA 342 191 STREET SUNNY ISLES FL 33160</b>	
<b>VD ROJAS, ERNESTOR 342 191 STREET SUNNY ISLES FL 33160</b>	
<b>SD ROJAS, ERNEST 342 191 STREET SUNNY ISLES FL 33160</b>	
<b>TD ROJAS, DEVEN R 342 191 STREET SUNNY ISLES FL 33160</b>	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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 Section 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:** *Sheila H. Rojas* **4/18/08** **305-609-7176**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #