2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P03000110957 Feb 09, 2006 08:00 AN 1. Entity Name **Secretary of State** EMD PAINT & TEXTURE, CORP. Principal Place of Business Mailing Address 500 SW 93 PL. 500 SW 93 PL MIAMI FL 33174 MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 43-2030512 Not Applicat Zip Country $Z_{i}p$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORA, EDWIN J Street Address (P.O. Box Number is Not Acceptable) 500 SW 93 PL. MIAMI FL 33174 City Zio 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 Signature, typed or prived name of registered agent and title & applicable (NOTE Registered Agent signature required when toinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change ☐ Add MORA, EDWIN J MALAF NAME 02/20/06-80029-006 150.00 STREET ADDRESS 500 SW 93 PL STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP MIAMI FL 33174 ☐ Defete □ A4. TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIILE ☐ Change Ain NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Ack MARKE NAME STREET ADDRESS STREET ADDRESS CITY-SY-71P CITY-ST-ZIP Acin TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY+ST-7IP ☐ Delete HILE ☐ Change [] A. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP

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 direct of the corporation or the receiver sy trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block

SIGNATURE:

if changed, or on an attack

MATURE AND TYRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

an address, with all

other like empowered.

02/04/06

305-220-0541.

Daytime Phone #