2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 02, 2006
Secretary of State

DOCUMENT# P03000122871

Entity Name: 1ST CHOICE PAINTING, CO.

Current Principal Place of Business:

5867 NW LEGHORN AVENUE
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

5767 NW ESKIMO CIRCLE
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

5867 NW LEGHORN AVENUE
PORT SAINT LUCIE, FL 34986

New Mailing Address:

5767 NW ESKIMO CIRCLE
PORT SAINT LUCIE, FL 34986

FEI Number: 01-0795166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SONSIRE, GONZALEZ
5867 NW LEGHORN AVENUE
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

SONSIRE, GONZALEZ
5767 NW ESKIMO CIRCLE
PORT SAINT LUCIE, FL 34986 US

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.

SIGNATURE: SONSIRE GONZALEZ 11/02/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GONZALEZ, SONSIRE
Address: 5867 NW LEGHORN AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: V ( ) Delete
Name: GONZALEZ, JIAM
Address: 5867 NW LEGHORN AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GONZALEZ, SONSIRE
Address: 5767 NW ESKIMO CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: V (X) Change ( ) Addition
Name: GONZALEZ, JIAM
Address: 5767 NW ESKIMO CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONSIRE GONZALEZ PRES 11/02/2006
Electronic Signature of Signing Officer or Director Date