

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000122933	
1. Entity Name RODRIGUEZ PAINTING GROUP, INC.	



FILED
08 APR 15 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9497 SOUTH DIXIE HWY., STE. 123 MIAMI, FL 33156	Mailing Address 9497 SOUTH DIXIE HWY., STE. 123 MIAMI, FL 33156
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2. Principal Place of Business - No P.O. Box # 2033 West 62nd St	3. Mailing Address 2033 West 62nd St
Suite, Apt. #, etc. Suite 264	Suite, Apt. #, etc. Suite 264
City & State Hialeah, Florida	City & State Hialeah, Florida
Zip 33016	Country USA

04142008 Chg-P CR2E034 (12/06)

4. FEI Number 210-2307254	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOGUEIRA RODRIGUEZ, JUSTO J 9497 SOUTH DIXIE HWY., STE. 123 MIAMI, FL 33156	7. Name and Address of New Registered Agent Name: GBC Services, LLC Street Address (P.O. Box Number is Not Acceptable): 9737 SW 41 Street - Suite 350 City: Doral FL Zip Code: 33178
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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 replacing) DATE:

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOGUEIRA RODRIGUEZ, JUSTO J 9497 SOUTH DIXIE HWY., STE. 123 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400123517444 04/15/08--01012--005 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone: *