## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000132179

CASTILLO, SUSANA

259 DANIELS POINT DR

WINTER GARDEN, FL 34787 US

Name:

Address:

City-St-Zip:

FILED Apr 21, 2006 Secretary of State

Entity Nan	ne: OCTAVIC	CASTILLO PAINTING INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	ELS POINT DR BARDEN, FL 3	4787					
Current Mailing Address:			New Mailii	New Mailing Address:			
	ELS POINT DR BARDEN, FL 3	4787					
FEI Number:	20-0389546	FEI Number Applied For ( )	FEI Number Not Appli	icable ( )	Certificate of Status Desired (	)	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
205 W WA SUITE C	NSULTING INC SHINGTON S A, FL 34715 L	Т	214 E WAS SUITE A	KABA CONSULTING INC 214 E WASHINGTON ST SUITE A MINNEOLA, FL 34715 US			
The above in the State		submits this statement for the pu	rpose of changing it	ts registered	office or registered agent, or b	ooth,	
SIGNATUR	RE: ALEJAND	PRO KABA		04/21/2006			
	Electron	ic Signature of Registered Agen	t		Date		
Election Can	npaign Financing	g Trust Fund Contribution ( ).					
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () CASTILLO, OC 259 DANIELS F WINTER GARD	OINT DR	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	DIR () MACIAS, LINO 259 DANIELS F WINTER GARD		Title: Name: Address: City-St-Zip:	RUELAS, CRI 259 DANIELS			
Title: Name: Address: City-St-Zip:	DIR () ARRATIA, ISRA 259 DANIELS F WINTER GARD	OINT DR	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title:	SEC ()	Delete	Title.	(	) Change ( ) Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: OCTAVIO CASTILLO Ρ 04/21/2006