2006 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # P03000138514

1. Entity Name SANTYVALOR PAINTING, INC.

May 01, 2006 08:00 AN Secretary of State

FILED

Principal Place of Business

ينع المتعرف المدرقة

Mailing Address

12268 HICKORY FOREST DRIVE JACKSONVILLE, FL 32226 US 12268 HICKORY FOREST DRIVE JACKSONVILLE, FL 32226 US



04252006 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0416053

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

12268 HICKORY FOREST DRIVE JACKSONVILLE, FL 32226			IN THIS SPACE	
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 printed name of registered agent and title if	I applicable. (NOTE, Registered Agent sig	nature required when reinstalling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIRALDO, JULIO 12268 HICKORY FOREST DRIVE JACKSONVILLE, FL 32226	· · · · · · · · · · · · · · · · · · ·		U00000544720
TITLE NAME STREET ADDRESS CITY-ST-ZIP				05/11/06-80047-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	
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 employered to execute this seport as required by Chapter 607. Florida Statutes, and that my approximate the same expects the same expects.				

changed, or on an attachment with an address, with all other/like emprovered.

SIGNATURE: _

G OFFICER OR DIRECTOR

Davime Phone #