


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000143689</b> 1. Entity Name <b>JAVIER'S PAINTING INC</b>	
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Principal Place of Business <b>3712 E CRAWFORD STREET TAMPA FL 33604</b>	Mailing Address <b>3712 E CRAWFORD STREET TAMPA FL 33604</b>
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2. Principal Place of Business - No P.O. Box # <b>3712 E. Crawford St.</b> Suite, Apt #, etc	3. Mailing Address Suite, Apt #, etc.
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1st MOORE      CR2E034 (10/06)

City & State <b>Tampa FL</b>	City & State		
Zip <b>33604</b>	Zip	Country <b>Hillsborough</b>	Country

4. FEI Number <b>20-0436984</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ORELLANA, JAVIER 3712 E CRAWFORD STREET TAMPA FL 33604</b>
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 recertifying) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY ST ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">                             P  <b>ORELLANA, JAVIER</b>  <b>3712 E CRAWFORD STREET</b>  <b>TAMPA FL 33604</b> </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete                         </td> </tr> </table>	P <b>ORELLANA, JAVIER</b> <b>3712 E CRAWFORD STREET</b> <b>TAMPA FL 33604</b>	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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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 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: *J. Moore* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_