## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2007 08:00 AM Secretary of State

ANNUAL REPORT				Apr 10, 2007 00:00
DOCUMENT # P0400001924				Secretary of State
1. Entity Name				
PRESTIG	SE PAINT, INC.			
 				1
Principal Place of Business Mailing Address				
30 BLACK HAWK PLACE 30 BLACK HAWK PLACE PALM COAST, FL 32137 PALM COAST, FL 32137				
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e de la companya de				
The state of the s			. o zlátna sílabe	
				04122007 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number Applied For
	the state of the s	A Committee of the Comm	· · · · · · · · · · · · · · · · · · ·	20-0624457   Not Applicable   \$8.75 Additional
	<u> </u>			5. Certificate of Status Desired Fee Required
Name and Address of Current Registered Agent				Appendix of the second of the
RODRIGUEZ, CARLOS 30 BLACK HAWK PLACE PALM COAST, FL 32137				DO NOT WRITE
				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 obligat	tions of registered agent.			
Signature Specific typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent and title if applicable,			ed Agent signsture required	u when renstating) DATE
		<u> </u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			ncing \$5.	.00 May Be ded to Fees
10. OFFICERS AND DIRECTORS			,	
TITLE NAME	P RODRIGUEZ, CARLOS		the major the second	
STREET ADDRESS	30 BLACK HAWK PLACE			and the second second second second second
CITY-ST-Z/P	PALM COAST, FL 32137			
TITLE NAME				
STREET ADORESS				
CITY-ST-ZIP				
TITLE NAME				part of the property of the second of the second of
STREET ADDRESS				DO NOT WRITE
CITY-ST-ZIP				
TITLE NAME				IN THIS SPACE
STREET ADDRESS				
CITY-ST-ZIP				· ·
TITLE NAME				
STREET ADDRESS				U00000711441
CITY-ST-ZIP			<b>.</b>	04/26/07-80006-011 150.00
TITLE NAME				
STREET ADDRESS				

12. Thereby 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 charged, or on an attachment with an address, with profiler like empowered.

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #