## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 03, 2006 08:00 AM **Secretary of State** DOCUMENT # P04000005800 1. Entity Name PERFECTED PAINTING COMPANY Principal Place of Business Mailing Address 19620 SW 87TH AVE. 19620 SW 87TH AVE. MIAMI, FL 33157 MIAMI, FL 33157 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0596526 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BONNET, DEBORAH J DO NOT WRITE 19620 SW 87TH AVE. MIAMI, FL 33157 IN THIS SPACE 3. 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 Sponature, typed or printed name of registered agent and title if applicable. INOTE: Registered Appet stonature required when rejordation? DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U00080489804 04/18/06-30028-014 150.00 Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS **PVST** 7171 5 BONNET, DEBORAH J NAME STREET ADDRESS 19620 SW 87TH AVE. CITY-ST-ZIP MIAMI, FL 33157 TITLE NAME STREET ADDRESS CATY-ST-719 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 717LE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the Information supplied with this filling 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 eath; 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: Description Printed NAME OF SIGNING OF

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED