


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 18 AM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000008580					
1. Entity Name ELIAS PAINTING SERVICE, INC.					
Principal Place of Business 3233 SW 24 TERR MIAMI, FL 33145			Mailing Address 3233 SW 24 TERR MIAMI, FL 33145		
2. Principal Place of Business - No P.O. Box # 2639 SW 33 Ave		3. Mailing Address 2639 SW 33 Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-0619821	
Zip 33133		Country USA		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04092008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent RODRIGUEZ, ARLENE 3233 SW 24 TERR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2639 SW 33 Ave. City Miami FL Zip Code 33133		
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 <i>Arlene Rodriguez</i>		Secretary		DATE 4/16/08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODRIGUEZ, ELIAS 3233 SW 24 TERR MIAMI, FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2639 SW 33 Ave. Miami, FL 33133	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RODRIGUEZ, ARLENE 3233 SW 24 TERR MIAMI, FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2639 SW 33 Ave. Miami, FL 33133	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200124344762 04/18/08--01029--008 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <i>Arlene Rodriguez</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date 4/16/08 Daytime Phone # 305-283-0721		

4/18/08