

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000012817

**FILED  
Apr 30, 2006  
Secretary of State**

**Entity Name:** JOAQUIN AND SONS PAINTING INC

**Current Principal Place of Business:**

11205 FIRESIDE DR.  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

11205 FIRESIDE DR.  
TAMPA, FL 33625

**New Mailing Address:**

**FEI Number:** 20-0603609      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIVAS, JOAQUIN  
4420 W SOUTH AVE  
APT #1  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RIVAS, JOAQUIN  
Address: 11205 FIRESIDE DR.  
City-St-Zip: TAMPA, FL 33625

Title: VP ( ) Delete  
Name: OREGON, JOAQUINN RIVAS  
Address: 42 W. OHIO ST.  
City-St-Zip: TAMPA, FL 33614

Title: T ( ) Delete  
Name: CELIS, CARLOS  
Address: 42 W. OHIO ST.  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAQUIN RIVAS

P

04/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date