

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000012817

FILED
Apr 20, 2009
Secretary of State

Entity Name: JOAQUIN AND SONS PAINTING INC

Current Principal Place of Business:

4420 W SOUTH AVE
#1
TAMPA, FL 33614 US

New Principal Place of Business:

11205 FIRESIDE DR
TAMPA, FL 33625 US

Current Mailing Address:

4420 W SOUTH AVE
#1
TAMPA, FL 33614 US

New Mailing Address:

11205 FIRESIDE DR
TAMPA, FL 33625 US

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:

RIVAS, JOAQUIN
11205 FIRESIDE DR
TAMPA, FL 33625 US

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: JOAQUIN RIVAS

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIVAS, JOAQUIN
Address: 4420 W SOUTH AVE #1
City-St-Zip: TAMPA, FL 33614 US

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

Title: T () Delete
Name: JAIMES, ESTHER
Address: 4420 W SOUTH AVE #1
City-St-Zip: TAMPA, FL 33614 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RIVAS, JOAQUIN
Address: 11205 FIRESIDE DR
City-St-Zip: TAMPA, FL 33625 US

Title: VP (X) Change () Addition
Name: OREGON, JOAQUINN RIVAS
Address: 11205 FIRESIDE DR
City-St-Zip: TAMPA, FL 33625 US

Title: T (X) Change () Addition
Name: JAIMES, ESTHER
Address: 11205 FIRESIDE DR
City-St-Zip: TAMPA, FL 33625 US

I hereby certify that the information supplied with this filing does not qualify 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

04/20/2009

Electronic Signature of Signing Officer or Director

Date