## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000016728

205 WILLOW BEND DR

CLERMONT, FL 34711 US

Address:

City-St-Zip:

FILED Apr 28, 2006 Secretary of State

Entity Nar	ne: JOSE GU	EVARA'S PAINTING, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
	DW BEND DR NT, FL 34711					
Current M	ailing Addres	s:	New Mai	New Mailing Address:		
	OW BEND DR NT, FL 34711					
FEI Number:	58-2681392	FEI Number Applied For()	FEI Number Not Ap	oplicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
KABA CONSULTING INC 205 W WASHINGTON ST. MINNEOLA, FL 34715 US				KABA CONSULTING INC 214 E WASHINGTON ST. SUITE A MINNEOLA, FL 34715 US		
	named entity s of Florida.	submits this statement for the p	ourpose of changing	g its registered	office or registered agent, or both,	
SIGNATURE: ALEJANDRO KABA				04/28/2006		
Electronic Signature of Registered Agent				Date		
Election Car	npaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VP () GUEVARA, JOS P.O. BOX 1063 MASCOTTE, FL		Title: Name: Address: City-St-Zip:	`	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	O () GUEVARA, ISR. 210 C GRASSY MINNEOLA, FL	LAKE RD	Title: Name: Address: City-St-Zip:		)Change ()Addition	
Title: Name: Address: City-St-Zip:	O () RIVAS, DANIEL 210 C GRASSY MINNEOLA, FL	LAKE RD	Title: Name: Address: City-St-Zip:	`	()Change ()Addition	
Title: Name:	P () PANTOJAS, JU	Delete LIO C	Title: Name:	(	) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JULIO PANTOJAS P 04/28/2006