

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000024952  
1. Entity Name  
S & Y PAINTING, INC.



Principal Place of Business  
22271 HOLCOMB PLACE  
BOCA RATON, FL 33428

Mailing Address  
22271 HOLCOMB PLACE  
BOCA RATON, FL 33428

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**



**DO NOT WRITE IN THIS SPACE**

01112007 No Chg-P CR2E034 (11/05)

4. FEI Number  
34-1981104

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ELUARIF, YORAM  
22271 HOLCOMB PLACE  
BOCA RATON, FL 33428

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME ELKARIF, YORAM  
STREET ADDRESS 22271 HOLCOMB PLACE  
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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U00000594110  
01/22/07-80060-008 150.00

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IN THIS SPACE**

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: YORAM ELKARIF 1/17/07 561/4700688  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #