

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90015 013 ***150.00

DOCUMENT # P04000025158

1. Entity Name

COQUI PAINTING & REPAIR, INC.



Principal Place of Business

3204 CHESSWOOD AVE
KISSIMMEE FL 34741

Mailing Address

3204 CHESSWOOD AVE
KISSIMMEE FL 34741



2. Principal Place of Business

3212 Feather Ln

3. Mailing Address

3212 Feather Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Kissimmee FL

City & State

Kissimmee F.I.

4. FEI Number

16-1699007

Applied For

Not Applicable

Zip

34746

Country

USA

Zip

34746

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMOS, CARLOS JR.
3204 CHESSWOOD AVE
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name Carlos Ramos Jr.

Street Address (P.O. Box Number is Not Acceptable)

3212 Feather Ln

City Kissimmee

FL

Zip Code

34746

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVPS ☒ Delete
NAME RAMOS, CARLOS JR
STREET ADDRESS 3204 CHESSWOOD AVE
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVPS ☒ Change ☐ Addition
NAME Carlos Ramos Jr
STREET ADDRESS 3212 Feather Ln
CITY-ST-ZIP Kissimmee FL 34746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/06

407 738 9532