## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000036553

VELEZ, CARLÓS

523 SW 176 WAY

PEMBROKE PINES, FL 33029

Name: Address:

City-St-Zip:

FILED Jan 28, 2008 Secretary of State

Entity Name: MASTERS PAINTING & CARPENTRY, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
523 SW 17 PEMBRON	76 WAY KE PINES, FL 33029	US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
523 SW 17 PEMBROK	76 WAY KE PINES, FL 33029	US			
FEI Number	: 20-0777749 FEIN	lumber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
DEL FIERRO, BRIAN 8301 NW 197TH STREET MIAMI, FL 33015 US			VELEZ, CARLOS 523 SW 176 WAY PEMBROKE PINES,		
The above in the State	e named entity submit e of Florida.	s this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE: CARLOS VELEZ	7		01/28/2008	
	Electronic Sigr	nature of Registered Ag	ent	Date	
Election Car	mpaign Financing Trust	Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete VELEZ, CARLOS 523 SW 176 WAY PEMBROKE PINES, FL	33029	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	SEC () Delete VELEZ, CARLOS 523 SW 176 WAY PEMBROKE PINES, FL	33029	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TREA () Delete VELEZ, CARLOS 523 SW 176 WAY PEMBROKE PINES, FL	. 33029	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	DIR ( ) Delete		Title:	( ) Change ( ) Addition	

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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CARLOS VELEZ Ρ 01/28/2008