

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90009 015 ***150.00

40105436



04302008 Chg-P CR2E034 (12/06)

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # P04000036706 1. Entity Name TEXTURE & PAINTING DESIGN, CORP. | | | | | |
| Principal Place of Business 609 NW 2ND STREET- #4- MIAMI, FL 33128- | | | Mailing Address 609 NW 2ND STREET- #4- MIAMI, FL 33128- | | |
| 2. Principal Place of Business - No P.O. Box # 9420 W. Flagler St. Suite, Apt. #, etc. # 306 | | 3. Mailing Address 9420 W. Flagler St. Suite, Apt. #, etc. # 306 | | 4. FEI Number 20-0800766 Applied For <input type="checkbox"/> Not Applicable | |
| City & State MIAMI, FLA | | City & State MIAMI, FLA | | | |
| Zip 33172 | | Country U.S.A. | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | 6. Name and Address of Current Registered Agent JOVER, LUIS A 609 NW 2ND STREET- #4- MIAMI, FL 33128- | | |
| 7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 9420 W. Flagler Street # 306 City MIAMI FL Zip Code 33172 | | | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P JOVER, LUIS A 609 NW 2ND STREET- MIAMI, FL 33128- <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9420 W. Flagler Street #306 MIAMI, FLA 33172 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V.P NOEL SANCHEZ 9420 W. FLAGLER ST #306 MIAMI FLA 33172 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: | | | Luis A. Jover | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 4/30/08 Daytime Phone # 786-290-1151 | | |