

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State


04-17-2008 90028 010 ***150.00

EPDVNF0U\$ P04000053432 2/ Entity Name CATRACHO'S PAINTING SERVICES INC.	
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Principal Place of Business 4: 621CF24U IES 1 PNFUEE!QM44144	Mailing Address 4: 621CF24U IES 1 PNFUEE!QM44144
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3/ Principal Place of Business - No P.O. Box #	4/ Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

	
04142008 Di h.Q DS3F1451)23017*	
5/ FEI Number 20-2247566	Applied For Not Applicable
6/ Certificate of Status Desired <input type="checkbox"/>	%8/86 Beejupobm Gf ISf r vj e

7/ Obn f lboelBees f t t lpgDvas ouSf hjt u f e lBhf ou		8/ Obn f lboelBees f t t lpgOf x lSf hjt u f e lBhf ou	
VELASQUEZ, JORGE G 3951 NE 13TH DR HOMESTEAD, FL 33033		Name Street Address (P.O. Box Number is Not Acceptable) City GM Zip Code	

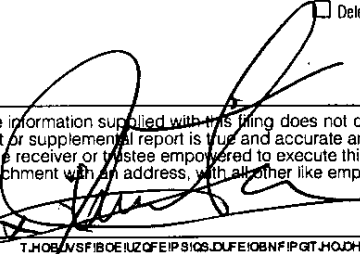
9/ The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	10/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	%6/11 NbzICf! Beef eluplGf t
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21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELASQUEZ, JORGE G 3951 NE 13TH DR HOMESTEAD, FL 33033 <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	V VELAZQUEZ, LORADA Y 3951 NE 13TH DR HOMESTEAD, FL 33033 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VELASQUEZ, LORENA Y 3951 NE 13TH DR. HOMESTEAD, FL 33033 <input type="checkbox"/> Change <input checked="" 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
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

23/ 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.

TJHOBVVSF:  04/14/08 (286) 447-8717

TJHOBVVSFIBCEIUZQFIP31QS.DUFE10BNFIPQT.HQDHIPGGDFSIP3IESJFDFUS Date Daytime Phone #