
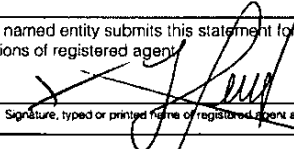
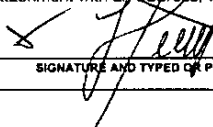


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90024 030 \*\*\*150.00

<b>DOCUMENT # P04000054180</b> 1. Entity Name <b>H &amp; A PAINTING 76, INC</b>			
Principal Place of Business <b>11114 ROYAL PALM BLVD CORAL SPRINGS, FL 33065 US</b>		Mailing Address <b>11114 ROYAL PALM BLVD CORAL SPRINGS, FL 33065 US</b>	
2. Principal Place of Business <b>9188 W. Atlantic Blvd #1517</b>		3. Mailing Address <b>9188 W. Atlantic Blvd #1517</b>	
Suite, Apt. #, etc. <b>1517</b>		Suite, Apt. #, etc. <b>1517</b>	
City & State <b>Coral Springs FL</b>		City & State <b>Coral Springs FL</b>	
Zip <b>33071</b>		Zip <b>33071</b>	
Country <b>Breward</b>		Country <b>Breward</b>	
4. FEI Number <b>20-0928520</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MARQUEZ, HERNAN 11114 ROYAL PALM BLVD CORAL SPRINGS, FL 33065</b>		7. Name and Address of New Registered Agent Name <b>Hernan Marquez</b> Street Address (P.O. Box Number is Not Acceptable) <b>9188 W. Atlantic Blvd.</b> <b># 1517</b> City <b>Coral Springs FL</b> Zip Code <b>33071</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/1/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST MARQUEZ, HERNAN 11114 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>P Marquez Hernan</b> <b>9188 W Atlantic Blvd #1517</b> <b>Coral Springs FL 33071</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARQUEZ, HERNAN 11114 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Delete
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 reports 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	