2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jun 12, 2007 8:00 am **Secretary of State** DOCUMENT # P04000071363 06-12-2007 90111 003 ***158.75 JALAPA PAINTING, INC. Principal Place of Business Mailing Address **5436 LAUREL RIDGE** POB 990962 NAPLES, FL 34116 LUS 40120548 NAPLES, FL 34116 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06012007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-1070166 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIRON CARDONA, SERGIO A Street Address (P.O. Box Number is Not Acceptable) 5436 LAUREL RIDGE NAPLES, FL 34116 City Zip Code 8. The above name entity submits #is statemer 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 gent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THIE v. P. Addition ☐ Delete TITLE GIRON-CARDONA, SERGIO A SIRON, Wis A. NAME NAME STREET ADDRESS 5436 LAUREL RIDGE #34 STREET ADORESS 5436 LANGEL 2:09E #34 CITY-ST-ZIP NAPLES, FL 34116 CITY-ST-ZIP NAPLES PL 34116 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change DITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 attaching x with artiother life empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED