

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90480 014 ***150.00

DOCUMENT # P04000090893

1. Entity Name
V B PAINTING CORPORATION



Principal Place of Business Mailing Address
7925 SW 8TH COURT 7925 SW 8TH COURT
NORTH LAUDERDALE, FL 33068 US NORTH LAUDERDALE, FL 33068 US

60045787

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4996 SW 7TH COURT 4996 SW 7TH COURT
Suite, Apt. #, etc. Suite, Apt. #, etc.

04092007 Chg-P CR2E034 (12/06)

City & State City & State
MARGATE, FL MARGATE, FL
Zip 33068 Country USA Zip 33068 Country USA

4. FEI Number Applied For
20-1243669 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, VICTOR J
7925 SW 8TH COURT
NORTH LAUDERDALE, FL 33068

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, VICTOR J	
STREET ADDRESS	7925 SW 8TH COURT	
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	
TITLE	PVTS	<input type="checkbox"/> Delete
NAME	GARCIA, VICTOR J	
STREET ADDRESS	7925 SW 8TH COURT	
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4996 SW 7TH COURT	
STREET ADDRESS	MARGATE	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4996 SW 7TH COURT	
STREET ADDRESS	MARGATE, FL 33068	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ Date _____ Daytime Phone # _____