FILED Jul 18, 2005 8:00 am Secretary of State 07-18-2005 90041 028 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENT # P04000,1 STRIPING, CORP	10148			1				
Principal Place 16320 NW 4 OPA-LOCKA,	5TH AVE. REAR	Melting Address P.O. BOX 4552 HIALEAH, FL 33014	P.O. BOX 4552		50055550				
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07122005	Chg-P	CR2E	034 (10/03)	
City & State		City & State			4. FEI Numb	er 20-141	5337	<u> </u>	pplied For at Applicable
Zlp	Country	Zip	Country		S. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and	Address of Nev	Registered	Agent	
CABALLERO, ANDRES 16320 NW 45TH AVE. REAR OPA-LOCKA, FL* 33054				Address ((P.O. Box Numb	er Is Not Accepta	ble)		
ļ			City				F	Zip Cod	e
signature.	LE NOWIH FEE IS \$550.0 oe by September 7, 2005	agent and title it applicable. PAOI 9. Election Carings Trust Fund Con	E Registered Agent alg align Finencing tribution.	\$5	d when refreshing) 5.00 May Be lad to Fees	ON, WE THE SOURS OF	DATE		
TILE	P	AND DIRECTORS Delete	II.	T^{-}	AUUIIUNG	CHANGE IU C	ATTICEHS AIT	Change	Addition
NAME STREET AUDRESS CITY-ST-ZEP	CABALLERO, ANDRES SR 16320 NW 45TH AVE. REAI OPA-LOCKA, FL 33054		HAME STREET ACCRES CITY-ST-ZP	2					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORA, SANDRA 16320 NW 45TH AVE. REAF OPA-LOCKA, FL 33054	C Defets	TITLE MANE STREET ADORES CITY-ST-ZP	S	-	•		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME SINEET ADDRES CITY-ST-ZP	s				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delede	TITLE NAME STREET ACCRES CITY-ST-ZIP	s				☐ Change	Admiliaa
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZP	8				☐ Change	Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP		□ Dalete	TITLE MAME STREET ADORES CITY-ST-ZIP	1				☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 busine 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: O7-11-05 786-2624626									
SIGNATURE: 07-11-05 700-2024-020 Ough Depter Print P									

ATTACHMENT SOUSSES

Miami Florida

July 11th 2005.

Florida Department of State Division of Corporation. P. O. Box 6327 Tallahassee, Fl. 32314

Re: 2005 Uniform Business Report

P04000110148 AMERICA STRIPING, CORP.

Dear Sir;

Enclosed please find 2005 UNIFORM BUSINESS REPORT for the annual Corporate Report. Enclosed is my ck. # 1228 for the amount of \$150.00, to paid the above Annual fee and for year 2005.

Please accept this payment as of today, because we mail the remainder little card, with no changes but our company did not get back the actual annual report form and any notice of payment after this.

If you need any more information please do not hesitate to contact me.

Sincerely yours,

ANDRES CABALLERO.

PRESIDENT.