

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000110148

1. Entity Name
AMERICA STRIPING, CORP



Principal Place of Business
**16320 NW 45TH AVE. REAR
OPA-LOCKA, FL 33054**

Mailing Address
**P.O. BOX 4552
HIALEAH, FL 33014**



05072008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1415337

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CABALLERO, ANDRES
16320 NW 45TH AVE. REAR
OPA-LOCKA, FL 33054**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CABALLERO, ANDRES SR
16320 NW 45TH AVE. REAR
OPA-LOCKA, FL 33054**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MORA, SANDRA
16320 NW 45TH AVE. REAR
OPA-LOCKA, FL 33054**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/08

Date

3054749072

Daytime Phone #

1100000850573
06/03/08-80075-007 150.00

**DO NOT WRITE
IN THIS SPACE**