2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 03-19-2007 90093 004 ***150.00 **DOCUMENT # P04000121264** 1. Entity Name AP GENERAL PAINTING, CORP. **EUUSPIED** Principal Place of Business Mailing Address 1780 NE 173ST 1780 NE 173 ST NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite Apt. #. etc. 02212007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 20-1523914 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PALACIOS, JONATAN Street Address (P.O. Box Number is Not Acceptable) 1780 NE 173 ST NORTH MIAMI BEACH, FL 33162 City Zip Code FL gment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity subs the obligations of regis SIGNATURE. ered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete PALACIOS, JONATAN NAME NAME STREET ADDRESS 1780 NE 173 ST STREET ADDRESS NORTH MIAMI BEACH, FL 33162 CITY-ST-ZIP CITY-ST-ZIP □ Channe Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP thing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is of the corporation or the receiver or true

FILED

Mar 19, 2007 8:00 am