2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2007 8:00 am Secretary of State

DOCUMENT # P04000122801 1. Entity Name EURO LIME PAINT, INC.					04-12-200	7 90019 037 ***1	50.00
Principal Place of Business Mailing Address 12265 SO. DIXIE HWY 12265 SO. DIXIE HWY SUITE 1 SUITE 1 PINECREST, FL 33156 PINECREST, FL 33156					abih bitii qbim bekii i	1514 117 1716 416 110 AGA	
2. Principal Place of Business - No P.O. Box # 8/00 SW 124 ST		3. Mailing Address 124 ST			10 00		0 50 6 05
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02262007	Chg-P	CR2E034 (12/06	5)
City & State	red to	City & State	h	4. FEI Numbe 54-215		 	Applied For Not Applicable
3315	Country		Country USA		of Status Desired	\$8.75 A	
	6. Name and Address of Currer			7. Name and	Address of New	Registered Agent	
DE LA FOENTE, MARIO 8/00 Sul 124 ST			Name				
DE LA FOÈNTE, MARIO 12265 SO: DIXIE HWY SUITE 1: PINECREST EL 33156 PINECREST EL 33156		Street Address (P.O. Box Number is Not Acceptable)					
PINECRES	\$T, FL 33156- Pine	orad, 12, 33/06	-				
			City			FL Zip C	ode
	e named entity submits this statement tidns of registered agent.	for the purpose of changing its reg	gistered office or regis	stered agent, or bo	h, in the State of	Florida. I am lamiliar wi	lh, and accept
l	: :						
SIGNATURE_	*						
Oldvii vi Olies	Signature, typed or printed name of registered age	ent and title if applicable (NOTE Re	egistered Agent signature requ	uired when reinstating)		DATE	
FIL	Singletive. Novel or printed name of registered appropriate to the second of the secon	9, Election Campaign	Financing	55.00 May Be		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550 OFFICERS AN	9. Election Campaign Trust Fund Contribu	Financing \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5.00 May Be Added to Fees	CHANGES TO O	FFICERS AND DIRECTO	
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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 equired 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.

CITY-ST-ZIP

SIGNATURE: /

CITY-\$1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/07

305-962-3277