
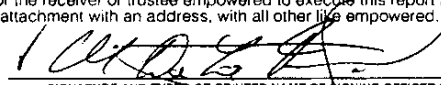


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2007 90019 037 ***150.00

DOCUMENT # P04000122801 1. Entity Name EURO LIME PAINT, INC.																													
Principal Place of Business 12265 SO. DIXIE HWY SUITE 1 PINECREST, FL 33156			Mailing Address 12265 SO. DIXIE HWY SUITE 1 PINECREST, FL 33156																										
2. Principal Place of Business - No P.O. Box # 8100 SW 124 ST		3. Mailing Address 8100 SW 124 ST																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State Pinecrest, FL		City & State Pinecrest, FL		4. FEI Number 54-2158430																									
Zip 33156		Country USA		Applied For <input type="checkbox"/> Not Applicable																									
Zip 33156		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent DE LA FUENTE, MARIO 12265 SO. DIXIE HWY SUITE 1 PINECREST, FL 33156			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PSTD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DE LA FUENTE, MARIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12265 SO. DIXIE HWY SUITE 1</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PINECREST, FL 33156</td> <td></td> </tr> </table>			TITLE	PSTD	<input type="checkbox"/> Delete	NAME	DE LA FUENTE, MARIO		STREET ADDRESS	12265 SO. DIXIE HWY SUITE 1		CITY - ST - ZIP	PINECREST, FL 33156		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 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: 10/4/10/07 Daytime Phone #: 1305-962-3277																										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													