

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

PAGE 152

FILED

2006 JUL 17 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/22/06 90002 019 /S.O.W



07122006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1652809

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

TARQUINO, DEMETRIO
2828 REO LANE
LAKE WORTH, FL 33461

**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 6, 2006**

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	P
NAME	TARQUINO, DEMETRIO
STREET ADDRESS	2828 RED LANE
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	V
NAME	TARQUINO, VICTOR
STREET ADDRESS	2828 REO LANE
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

7-13-2006 58-317-2440
Date Daytime Phone #

page 2 of 2

DEVI PAINTING CONTRACTORS INC.
2828 Reo Lane
Lake Worth, FL 33461

July 13, 2006

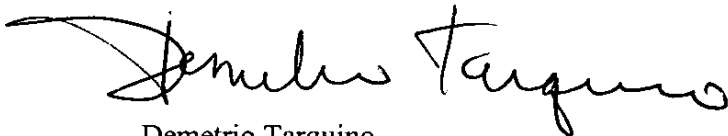
Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: Doc #P04000132447

Dear Sir:

When we originally filed the Annual Report, we enclosed a check for \$150, but the box was never checked. Subsequently, I never received the form. Please accept this corrected form.

The Annual filing fee has been paid in full. Please waive all penalties.



Demetrio Tarquino
DEVI PAINTING CONTRACTORS, INC.
Enclosure