

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90026 030 \*\*\*150.00

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03072008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P04000136587</b>					
1. Entity Name HOUSE PAINTING BY ANTHONY CORP					
Principal Place of Business 5020 SW 95 AVE MIAMI, FL 33165 US			Mailing Address 5020 SW 95 AVE MIAMI, FL 33165 US		
2. Principal Place of Business - No P.O. Box # 2049 S. OCEAN DR		3. Mailing Address 2049 S. OCEAN DR			
Suite, Apt. #, etc. #706-E		Suite, Apt. #, etc. #706-E			
City & State HALLANDALE FL		City & State HALLANDALE FL		4. FEI Number 20-1705456	
Zip 33009		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALVAREZ, ANTONIO J 5020 SW 95 AVE MIAMI, FL 33165			7. Name and Address of New Registered Agent Name ALVAREZ ANTONIO J. Street Address (P.O. Box Number is Not Acceptable) 2049 S. OCEAN DR #706-E City HALLANDALE FL Zip Code 33009		
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:  DATE: 03/07/08 ANTONIO J. ALVAREZ REGISTERED AGENT					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, ANTONIO J 5020 SW 95 AVE MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ ANTONIO J 2049 S. OCEAN DR #706-E HALLANDALE FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 03/07/09 (305) 972-4369 ANTONIO J. ALVAREZ PRESIDENT					