

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000158747	
1. Entity Name ALBERTO'S MAGIC TOUCH PAINTING, CORP.	



Principal Place of Business 10229 SERENE MEADOW DR N BOCA RATON, FL 33428	Mailing Address 10229 SERENE MEADOW DR N BOCA RATON, FL 33428
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01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1914888	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANTOS, ALBERTO 10229 SERENE MEADOW DR N BOCA RATON, FL 33428

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTOS, ALBERTO 10229 SERENE MEADOW DR N BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALVIETTI, CHRISTINA 10229 SERENE MEADOW DR N BOCA RATON, FL 33428
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04/25/06-80062-005 150.00

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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: Christina Salvietti Christina Salvietti 2/5/06 361-451-5015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #