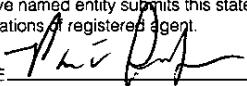
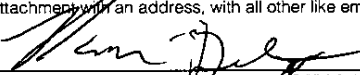


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90483 030 ***193.75

DOCUMENT # P04000162779 1. Entity Name SANTA BARBARA HOUSE OF PAINTS INC.					
Principal Place of Business 15876 SW 137TH AVE. MIAMI, FL 33177			Mailing Address 15876 SW 137TH AVE. MIAMI, FL 33177		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent NOYOLA, CARLOS S 15876 SW 137TH AVE. MIAMI, FL 33177				7. Name and Address of New Registered Agent Name Procopio Ramon Delgado Street Address (P.O. Box Number is Not Acceptable) 15876 SW 137 Ave City Miami FL 33187 State FL Zip Code 33187	
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:  Procopio Ramon Delgado DATE: 4/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOYOLA, CARLOS S 20403 SW 133 AVE. MIAMI, FL 33177	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Procopio Ramon Delgado 14950 SW 157 terr Miami FL 33187	<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
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
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
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
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: 			04/10/06 305-253-2001 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

50017947
#P04000162779
COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Santa Barbara House of Paints Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000162779

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Procopio Ramon Delgado
(Name of Contact Person)

Santa Barbara House of Paints Inc.
(Firm/Company)

15876 S.W. 137 Ave
(Address)

Miami, Florida, 33177
(City/State and Zip Code)

For further information concerning this matter, please call:

Procopio Ramon Delgado at (305) 253-2001
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTACHMENT

50012947
#P0400062779

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Santa Barbara House of Paints Inc.
2. The principal office address: 15876 S.W. 137 Ave
3. The mailing address (if different): _____
4. Date of incorporation/qualification: December 3, 2004 Document number: P04000162779
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Carlos S. Noyola

20403 S.W. 133 Ave

Miami, Florida, 33177

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Procopio Ramon Delgado

15876 S.W. 137 Ave

(P.O. Box NOT acceptable)

Miami, Florida, 33177

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

Carlos Noyola President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)
D 423-676-70 460-0

04/17/06
(Date)

If signing on behalf of an entity:

Procopio Ramon Delgado - President
(Typed or Printed Name)

[Signature]
Notary Public

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)



YAMILE ADAN
MY COMMISSION # DD 449792
EXPIRES: August 19, 2009
Bonded Thru Budget Notary Services

ATTACHMENT



Division of Corporations

Annual Report

Annual Report Help

Document Number

P04000162779

Business Entity Name

SANTA BARBARA HOUSE OF PAINTS INC.

FEI Number

562491152

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address 15876 SW 137TH AVE.
Suite, Apt. #, etc.
City, State MIAMI, FL
Zip Code & Country 33177

Mailing Address

Address 15876 SW 137TH AVE.
Suite, Apt. #, etc.
City, State MIAMI, FL
Zip Code & Country 33177

Name and Address of Registered Agent

Name (Last, First, Middle, Title) Delgado, Procopio, R,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 15876 SW 137TH AVE.

Suite, Apt. #, etc.

City, State MIAMI, FL

Zip Code & Country

33177

US

50017947
#PO 4000162779

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Procopio Ramon Delgado

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

PD

Name (Last, First, Middle, Title)

Delgado

Procopio

R

- OR -

Entity Name to serve as Officer/Director

Street Address

14950 S.W.157 terr

City, State

MIAMI

FL

Zip Code & Country

33187

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

50012947
#P04000162779

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an

ATTACHMENT

entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PD

Officer/Director Signature

Procopio ramon Delgado

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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