2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: <u></u>

Mar 15, 2007 8:00 am Secretary of State DOCUMENT # P05000006633 1. Entity Name 03-15-2007 90017 002 ***150.00 PG PAINTING INC. Principal Place of Business ling Address 1418 E MOWRY DR * 102 14 8 E MOWRY DR *102 40000000 HOMESTEAD, L 33033 HOMESTEAD FL 330% 3. Mailing Address 2. Principal Place of Business - No.P O. Box # 15721 Du 15721 SW 3074 Suite, Apt. #, etc. 02162007 CR2E034 (12/06) City & State 4. FEI Number Applied For 20-2195473 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIRON PEDRO GIRON, PEORO 1418 E MOWRY DR #102 HOMESTEAD, FL 33033 atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this the obligations of registered ager SIGNATURE Signature, typed or printed nar ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition Delete THILE FITLE 61RON, AC. GIRON, PEDRO NAME NAME STREET ADDRESS 1418 E MOWRY DR #102 STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33033 CITY ST-ZIP Delete BILE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITUE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THLE ☐ Change ☐ Addition DITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COVIST ZIP 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 relicor 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 impowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if with all other changed, or on an attachment with an ar ke empowered

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED