## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

07-02-2007-90037-018 150.00 SECRETARY POSOGOO7396 DIVISION OF CORPORATIONS

1. Enlity Name CARIBBEAN PAINTING ENTERPRISES, INC.				<b>97</b> SEP	21 AM 10: 1	12		
Principal Place of Business		Mailing Address		7 3 4 <del>4 3 1 1 1</del>				
6412 N. CAMERON AVENUE TAMPA, FL 33614 US		6412 N. CAMERON AVENUE TAMPA, FL 33614 US		· ·				
						AR HIN <b>r d</b> om <b>ar</b> he	111	
2. Principal Place of Business - No P.O. Box in G. 4/2 4. Commonway		3. Mailing Address SAME					111	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05072007 Chg-P	CR2E034 (	12/06)		
City & State Aught FC		City & State		4. FEI Number 20-2041008		Applied I		
3361	y country A		puntry	5. Certificate of Status Desir		75 Additional Required	1	
	6. Name and Address of Current R	7. Name and Address of N	ew Registered Agen	it				
			Name 5A	Name SANC				
6412 N. CAMERON AVENUE 130 S		UNEADST DRIVE	Street Address (I	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, FI	\$ \$1 Tes	- Harrist						
• .	n zofe,	JAMBUTC 3468	City		FL	Zip Code		
8. The above	named eggity submits this statement for	the purpose of changing its regis	tered office or register	ed agent, or both, in the State		iar with, and a	ccept	
the obligations of replaced agent  TONY OPSTRIO  G/26/07								
SIGNATURE grabule, typed or printed name of registered agent and total applicable. (MOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOWIII FEE IS \$550.00  Due by September 14, 2007  P. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees								
10.	OFFICERS AND E	DIRECTORS 1	1.	ADDITIONS/CHANGES TO	OFFICERS AND DIR	ECTORS IN 1	1	
TITLE NAME	PRES SANTIAGO, RAFAEL		TITLE			Change 📋 A	Addition	
STREET ADORESS	6412 N. CAMERON AVENUE	STREET ADDRESS						
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP				ļ	
TITLE			MLE			Change A	Addition	
NAME STREET ADDRESS			NAME STREET ADORESS				ŀ	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE			TITLE			Change A	Addition	
NAME STREET ADDRESS		<b>.</b>	NAME STREET ADDRESS					
CITY+ST-ZIP			CITY-ST-ZIP					
IUR			TITLE			Change A	Addition	
NAME Street adoress			NAME STREET ADORESS				j	
CITY-SI-ZIP			CITY-SI-ZIP				}	
TITLE		☐ Delete	TITLE			Change A	Addition	
NAME STREET ADDRESS		1	NAME Street address				}	
CITY-ST-ZIP			CITY+ST+Z!P					
TITLE		☐ Delete	TITLE	T 1		Change A	Addition	
NAME STREET ADDRESS			NAME	a lach	$\cap$		1	
CITY-SI-ZIP		<b>.</b> .	STREET ADDRESS CITY-ST-ZIP	3 41 41	<i>)</i>		ļ	
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: Santine an address, with all other like empowered.  RAFAEL SANTING OF RAFAEL SANTING SI3-951-7582								
JIGHAI	SIGNATURE AND TYPED OR PE	RINTED NAME OF SIGNING OFFICER OR OF	RECTOR	Date		e Phone it		