


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90088 033 \*\*\*150.00

**DOCUMENT # P05000008468**

1. Entity Name  
 AMBRA PAINTING CO.



Principal Place of Business  
 1307 GULFSTREAM CIRCLE  
 301  
 BRANDON, FL 33511

Mailing Address  
 1307 GULFSTREAM CIRCLE  
 301  
 BRANDON, FL 33511

40090118



2. Principal Place of Business  
 8425 Quarter Horse Dr  
 Suite, Apt. #, etc.

3. Mailing Address  
 8425 Quarter Horse Dr.  
 Suite, Apt. #, etc.

05012006 Chg-P CR2E034 (11/05)

City & State  
 Riverview FL

City & State  
 Riverview, FL

Zip  
 33569

Country  
 USA

Zip  
 33569

Country  
 USA

4. FEI Number  
 20-2193381

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ-MOREIRA, WANDA I  
 1307 GULFSTREAM CIRCLE  
 301  
 BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 8425 Quarter Horse Dr.

City  
 Riverview FL

Zip Code  
 33569

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 May 1, 2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	ORTIZ-MOREIRA, WANDA I 1307 GULFSTREAM CIRCLE #310 BRANDON, FL 33511	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	MOREIRA, BRUNO C 1307 GULFSTREAM CIRCLE #301 BRANDON, FL 33511	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <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 May 1, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR