

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90020 035 \*\*\*158.75

<b>DOCUMENT # P05000010049</b> 1. Entity Name <b>R &amp; C PAINTING GROUP INC.</b>			
Principal Place of Business <b>8925 NW 120 TERR HIALEAH GARDENS, FL 33018</b>		Mailing Address <b>8925 NW 120 TERR HIALEAH GARDENS, FL 33018</b>	
2. Principal Place of Business - No P.O. Box # <b>13001 SW 122 AVE</b>		3. Mailing Address <b>13001 SW 122 AVE</b>	
Suite, Apt. #, etc. <b>MIAMI, FL</b>		Suite, Apt. #, etc. <b>MIAMI, FL</b>	
City & State <b>33186</b>		City & State <b>33186</b>	
Zip <b>33186</b>		Zip <b>33186</b>	
Country 		Country 	
6. Name and Address of Current Registered Agent  <b>GOMEZ, CECILIO 8925 NW 120 TERR HIALEAH GARDENS, FL 33018</b>		7. Name and Address of New Registered Agent Name <b>Gómez, Cecilio</b> Street Address (P.O. Box Number is Not Acceptable) <b>13001 SW 122 Avenue</b> <b>Miami</b> City <b>FL</b> Zip Code <b>33186</b>	
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 <span style="float: right; font-size: 1.2em;">01-08-2008</span> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVS GOMEZ, CECILIO 8925 NW 120 TERR HIALEAH GARDENS, FL 33018	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVS Gomez, Cecilio 13001 SW 122 Avenue MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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
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 <b>01-08-2008</b> Daytime Phone #	