

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000029630</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  06 MAR 13 AM 9:19	
<b>1. Entity Name</b> THOMAS PAVON PAINTING INC							
<b>Principal Place of Business</b> 16826 SW 143 PLACE MIAMI, FL 33177				<b>Mailing Address</b> 16826 SW 143 PLACE MIAMI, FL 33177			
<b>2. Principal Place of Business</b> 17120 SW 94 AVE Suite, Apt. #, etc. APT: 401 City & State MIAMI FL Zip 33157				<b>3. Mailing Address</b> SAME Suite, Apt. #, etc. City & State Zip USA			
<b>4. FEI Number</b> 20-2401621				Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  PAVON, THOMAS 16826 SW 143 PLACE MIAMI, FL 33177				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 17120 SW 94 AVE APT: 401 City MIAMI FL Zip Code 33157			
<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.</b>  SIGNATURE  DATE 03-10-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>				<b>9. Election Campaign Financing</b> 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	PD	PAVON, THOMAS	<input type="checkbox"/> Delete	TITLE	17120 SW 94 AVE APT: 401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS		16826 SW 143 PLACE		STREET ADDRESS	17120 SW 94 AVE APT: 401		
CITY-ST-ZIP		MIAMI, FL 33177		CITY-ST-ZIP	MIAMI FL 33157		
TITLE	V	MARRERO, DILAY	<input type="checkbox"/> Delete	TITLE	17120 SW 94 AVE APT: 401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS		16826 SW 143 PLACE		STREET ADDRESS	17120 SW 94 AVE APT: 401		
CITY-ST-ZIP		MIAMI, FL 33177		CITY-ST-ZIP	MIAMI FL 33157		
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
<b>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.</b>							
<b>SIGNATURE:</b>				03-10-06			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			