


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000029630		
1. Entity Name THOMAS PAVON PAINTING INC		

Principal Place of Business 17120 SW 94 AVE APT 401 MIAMI, FL 33157	Mailing Address 17120 SW 94 AVE APT 401 MIAMI, FL 33157
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2. Principal Place of Business - No P.O. Box # 8717 SW 214 ST. Suite, Apt. #, etc.	3. Mailing Address 8717 SW 214 ST. Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL
Zip 33189	Zip 33189

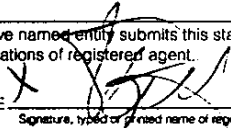
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07 MAR -5 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03022007 Chg-P CR2E034 (12/06) 07

6. Name and Address of Current Registered Agent PAVON, THOMAS 17120 SW 94 AVE APT 401 MIAMI, FL 33157	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8717 SW 214 ST. City Miami FL Zip Code 33189
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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  (NOTE: Registered Agent signature required when reissuing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	900092304439 03/13/07--01006--004 **300.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAVON, THOMAS 17120 SW 94 AVE, APT 401 MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8717 SW 214 ST. Miami, FL 33189 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARRERO, DILAY 17120 SW 94 AVE, APT 401 MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8717 SW 214 ST. Miami, FL 33189 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #