2007 FOR PROFIT CORPORATION ANNUAL REPORT

THOMAS PAVON PAINTING INC O7 (AR -5 AM M: 1,3 Project Proce of Business 17790 999 97476 IF 1720 599 97476	DOCUMENT # P05000029630 1. Entity Name					FILED					
ABT-491 ABT	THOMAS	PAVON PAINTING INC					07 HAR -5	AM M: A	3		
2. Pilipicipal Pinco of Business - No P.O. Box # 3 117 S.W. 211 S.T. Suite Apil. etc. 03092007 Chg-P CR26934 (1206) \$\frac{1}{7}\$ Suite Apil. etc. 03092007	1 7120 SW 9		17120 SW 94 AVE				SECREJAR MELAHASS	OF STATEE. FLOR	E IDA		
Suite. Apt. #, etc. Suite. Apt. #, etc.	2. Principal P	ace of Business - No.P.O. Box #	3. Mailing Address	. 2011	c-T						
ACRET ADDRESS OF Country 29 33 89 Country 29 33 89 Country 29 33 89 Country 35 87 5 Address Country 35 87 5 Address Country 35 87 5 Address Country 7. Name and Address of New Registered Agent 8. The Address of New Registered Agent 9. The Address of New Registered Agent 9			9 1.1	איא י		03022007	Chg-P	CR2E034 (1	12/06)	07	
C. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAVON, THOMAS 21430-SW-94-AVE APT-401 MIAMI, FL 33457 8. The above name-entify submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida, I am familiar with, and accept the chilipations of hospitered agent. SIGNATURE Signar, Noting from time or registered agent. 8. The above name-entify submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipations of hospitered agent. SIGNATURE Signar, Noting from time or registered agent. Signar, Noting from time from time in time and accept time children agent. Signar, Noting from time from time in time and accept time child from time from time in time and accept time children and from time from time in time and accept time. Signar, Noting from time from time from time in time from time in the from the information in time from time in the from the information in time from the information in the from the informatio	Nic	ami FL	Kliam, FC			20-240	1621	_ \$8	No	t Applicable	
PAVON, THOMAS 17420 SW-94 AVE— APT 40H MIAMI, FL 33457 8. The above names 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 obligators of registered agent. SIGNATURE PAVON, THOMAS 175 SW-94 SW-94 AVE, APT 40H MIAMI, FL 33189 PAVON, THOMAS 176 SW-94 AVE, APT 40H MIAMI, FL 33189 PAVON, THOMAS 177 SW-95 SW-94 AVE, APT 40H MIAMI, FL 33189 PAVON, THOMAS 178 SW-94 AVE, APT 40H MI	33187							Fee	Required		
Stred Address (P.O. Box Number is Not Acceptable) Stred Address (P.O. Box Number is Not Acceptable) 877 SW 214 ST. City Mann FL 29569 89 6. The above namewerth submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of holystered agent. SIGNATURE: Signature held of feet the roll or purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of holystered agent. SIGNATURE: Signature Supress the design agent and the *facciocate.* (http://example.com/signature/sign		6. Name and Address of Current Re	egistered Agent	Name	Ī	7. Name and	Address of New Ki	gistered Agen	<u> </u>		
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