## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000029630

Entity Name: THOMAS PAVON PAINTING INC

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8717 SW 214 STREET 17971 S.W. 134 CT MIAMI, FL 33189 17971 S.W. 134 CT

Current Mailing Address: New Mailing Address:

8717 SW 214 STREET 17971 S.W. 134 CT MIAMI, FL 33189 17971 S.W. 134 CT

FEI Number: 20-2401621 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PAVON, THOMAS PAVON, THOMAS 8717 SW 214 STREET 17971 S.W. 134 CT MIAMI, FL 33189 US MIAMI, FL 33177 US

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.

SIGNATURE: THOMAS PAVON 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 PAVON, THOMAS
 Name:
 PAVON, THOMAS

 Address:
 8717 SW 214 STREET
 Address:
 17971 S.W. 134 CT

 City-St-Zip:
 MIAMI, FL 33189
 City-St-Zip:
 MIAMI, FL 33177

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change ( ) Addition}$ 

 Name:
 MARRERO, DILAY
 Name:
 MARRERO, DILAY

 Address:
 8717 SW 214 STREET
 Address:
 17971 S.W. 134 CT

 City-St-Zip:
 MIAMI, FL 33189
 City-St-Zip:
 MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS PAVON PD 04/30/2008