


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

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

05-16-2008 90027 019 \*\*\*150.00

**DOCUMENT # P05000031770**

1. Entity Name  
**MARCELO SALAZAR PAINTING INC**



Principal Place of Business      Mailing Address

**35833 SHELLY DR**      **12010 COUNTY RD. 44**  
**LEESBURG FL 34788**      **LEESBURG FL 34788**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**12010 cr. 44**      **12010 cr. 44**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/07)

City & State      City & State

**Leesburg, FL**      **Leesburg, FL**

Zip      Country      Zip      Country

**34788 FL**      **34788 FL**

4. FEI Number      Applied For

**20-2606927**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SALAZAR, MARCELO**  
**12010 COUNTY RD. 44**  
**LEESBURG FL 34788**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 reappointing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>SALAZAR, MARCELO</b>	
STREET ADDRESS	<b>35833 SHELLY DR</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34788</b>	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	<b>SALAZAR, SILVIA</b>	
STREET ADDRESS	<b>35833 SHELLY DR</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34788</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALAZAR, MARCELO</b>	
STREET ADDRESS	<b>12010 cr. 44 Leesburg,</b>	
CITY-ST-ZIP	<b>FL 34788</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALAZAR, SILVIA</b>	
STREET ADDRESS	<b>12010 cr. 44</b>	
CITY-ST-ZIP	<b>Leesburg FL 34788</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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