

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000033835

Entity Name: ADESSA PAINTING, CO.

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

13725 SW 84 STREET
STE.-G
MIAMI, FL 33183 US

New Principal Place of Business:

Current Mailing Address:

13725 SW 84 STREET
STE.-G
MIAMI, FL 33183 US

New Mailing Address:

FEI Number: 20-2601126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONASHEVICH, ANNA
13725 SW 84 STREET
STE.-G
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MONASHEVICH, MICHAEL
Address: 13725 SW 84 STREET #G
City-St-Zip: MIAMI, FL 33183 US

Title: D () Delete
Name: MONASHEVICH, RUSLAN
Address: 13725 SW 84 STREET #G
City-St-Zip: MIAMI, FL 33183 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MONASHEVICH, MICHAEL
Address: 13725 SW 84 STREET #G
City-St-Zip: MIAMI, FL 33183 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RUSSEL MONASHEVICH

D

04/28/2007

Electronic Signature of Signing Officer or Director

_____ Date