2007 FOR PROFIT CORPORATION ANNUAL REPORT (ÅR)

SIGNATURE: _

SIGNATURE AND TYPED OF DRY

TED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 13, 2007 8:00 am DOCUMENT # P05000047047 **Secretary of State** 02-13-2007 90014 006 ***150.00 GONZALEZ & GARCIA PAINTING, INC Principal Place of Business Mailing Address 8360 NW 8 STREET 8360 NW 8 STREET APT. #1 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 13521 SW 135215W 535T 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-2598158 MIAMI Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GONZALEZ, JORGE 8360 NW 8 STREET Street Address (P.O. Box Number is Not Acceptable) APT. # 1 MIAMI FL 33126 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 Signature, type or pry (NOTE: Registered Agent signature required when reinstating) stered agent and tille it applicable. FILE NOW!!! PEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007: Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Delete шо иш JOR69 CONZAlez GONZALEZ, JORGE NAME 8360 NW 8 STREET APT. # 1 STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY - ST - ZIP CHY-ST-ZIP Delete 11111 ☐ Change ■ Addition NAMI NAME STRUCT ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-7IP IIIU. ☐ Change ☐ Addition HILE ☐ Delete NAMI STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY - ST - ZIP ■ Addition THE Delete Change NAMI. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP THE ☐ Delete THUE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-ZIP CHY-SI-7P 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 eath; 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.

FILED

Daytime Phone #

Date