

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90160 001 ***150.00
04-14-2006 90160 002 ****13.75

DOCUMENT # P05000054178

1. Entity Name
RUDY LOPEZ PAINTING SERVICES, INC.



Principal Place of Business
2117 TALLAHASSEE DRIVE
WEST PALM BEACH, FL 33409

Mailing Address
2117 TALLAHASSEE DRIVE
WEST PALM BEACH, FL 33409

66010083



2. Principal Place of Business
2117 TALLAHASSEE DR.

3. Mailing Address
2117 TALLAHASSEE

Suite, Apt. #, etc.
2117

Suite, Apt. #, etc.
DRIVE 2117

City & State
WPB

City & State
WPB

03292006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3216011

Applied For
Not Applicable

Zip
33409

Country
WPB

Zip
33409

Country
WPB

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, HERMAN R
2117 TALLAHASSEE DRIVE
WEST PALM BEACH, FL 33409

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 LOPEZ HERMAN R

03.15.06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LOPEZ, HERMAN R
STREET ADDRESS 2117 TALLAHASSEE DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL 33409

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CITY-ST-ZIP

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

Date

Daytime Phone #

04.8.06