
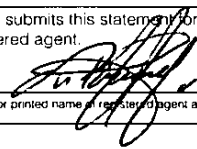
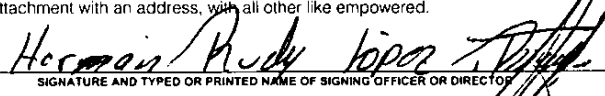


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90001 047 ***160.00

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		
2. Principal Place of Business - No P.O. Box # 2117 TALLAHASSEE DR Suite, Apt. #, etc.		3. Mailing Address 2117 TALLA HASSEE DR. Suite, Apt. #, etc.			
City & State W.P.B., FL		City & State W.P.B., FL		4. FEI Number 20-3216011	
Zip 33409		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, HERMAN R 2117 TALLAHASSEE DRIVE WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent Name: LOPEZ, HERNAN R. Street Address (P.O. Box Number is Not Acceptable) 2117 TALLAHASSEE DR. City W.P.B. State FL Zip Code 33409	
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:  DATE: 09/08/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, HERMAN R 2117 TALLAHASSEE DRIVE WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 09/08/08 (561) 574 4177		

ATTACHMENT

40115604

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To the Florida Division of Corporations

Through this letter I would like to let bring to you an explanation about the annual report of the corporation that I did not receive about a month ago or so and this is why I did not send the monthly payment before. I called and talked to a representative and he told me to send a short explanation about the reason of the payment delay, so I am doing it through this letter. Thank you for your attention.

Sincerely,

Rudy Lopez Painting Services Inc.,

