

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000060613

1. Entity Name
ALBERTO ALVAREZ PAINTING INC.



Principal Place of Business
4148 WELDON AVENUE
SPRING HILL, FL 34609

Mailing Address

4148 WELDON AVENUE
SPRING HILL, FL 34609

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

11-3749106

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name *Alberto Alvarez*

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

4148 Weldon Ave

City *Spring Hill*

FL Zip Code *34609*

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 *Alberto Alvarez*

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

(NOTE: Registered Agent signature required when reinstating)

4/11/06

DATE

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME ALVAREZ, ALBERTO
STREET ADDRESS 4148 WELDON AVENUE
CITY-ST-ZIP SPRING HILL, FL 34609

Delete

TITLE S
NAME ALVAREZ, MARIA
STREET ADDRESS 4148 WELDON AVENUE
CITY-ST-ZIP SPRING HILL, FL 34609

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Alberto Alvarez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06 (352)398-7553

Date

Daytime Phone #

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90196 043 ***150.00

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