

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                            |                                 |                                                               |                                                                                                                               |                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>DOCUMENT # P05000060964</b><br>1. Entity Name<br><b>OSEGUERA BROTHERS PAINTING, INC</b>                                                                                                                                    |                                                            |                                 |                                                               |                                             |                                                              |
| Principal Place of Business<br><b>706 SUZETTE DRIVE<br/>OCOE FL 34761</b>                                                                                                                                                     |                                                            |                                 | Mailing Address<br><b>706 SUZETTE DRIVE<br/>OCOE FL 34761</b> |                                                                                                                               |                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                         |                                                            |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                     |                                                                                                                               |                                                              |
| City & State<br>Zip Country                                                                                                                                                                                                   |                                                            |                                 | City & State<br>Zip Country                                   |                                                                                                                               |                                                              |
| 4. FEI Number                                                                                                                                                                                                                 |                                                            |                                 |                                                               | Applied For<br><input type="checkbox"/> Not Applicable                                                                        |                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                                                            |                                 |                                                               | <b>\$8.75 Additional Fee Required</b>                                                                                         |                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>HERNANDEZ, GRACE J<br/>14820 WHITE MAGNOLIA CT<br/>ORLANDO FL 32824</b>                                                                                             |                                                            |                                 |                                                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____                                                                                                                                      |                                                            |                                 |                                                               |                                                                                                                               |                                                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                                                            |                                 |                                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Added to Fees</b>              |                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                             |                                                            |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |                                                                                                                               |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | P<br>OSEGUERA, MARIO<br>706 SUZETTE DRIVE<br>OCOE FL 34751 | <input type="checkbox"/> Delete |                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | 000000473810<br>03/31/06-80031-019 150.00                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | VP<br>OSEGUERA, OMAR<br>706 SUZETTE DR.<br>OCOE FL 34761   | <input type="checkbox"/> Delete |                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | TR<br>RENDON, OMER<br>706 SUZETTE DRIVE<br>OCOE FL 34761   | <input type="checkbox"/> Delete |                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                            | <input type="checkbox"/> Delete |                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                            | <input type="checkbox"/> Delete |                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                            | <input type="checkbox"/> Delete |                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Add |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19, 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:** Mario Oseguera 3/15/06