


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2006 8:00 am
Secretary of State

04-28-2006 90152 025 ***158.75

DOCUMENT # P05000065332 1. Entity Name CMG PAINTING OF ORLANDO, INC.																																																																																															
Principal Place of Business 1442 MARA STREET SANFORD FL 32771			Mailing Address 1442 MARA STREET SANFORD FL 32771																																																																																												
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																												
City & State			City & State																																																																																												
Zip		Country		4. FEI Number 01-0834918																																																																																											
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable																																																																																											
6. Name and Address of Current Registered Agent GONZALEZ, CARLOS 1442 MARA STREET SANFORD FL 32771				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																											
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 consulting) <small>Signature, typed or printed name of registered agent and title if applicable</small>																																																																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																												
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%;">Delete</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">GONZALEZ, CARLOS</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">1442 MARA STREET</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">SANFORD FL 32771</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Delete</td> <td>NAME</td> <td>AMATTE, JUAN C</td> <td>STREET ADDRESS</td> <td>1442 MARA STREET</td> <td>CITY-ST-ZIP</td> <td>SANFORD FL 32771</td> </tr> <tr><td>TITLE</td><td></td><td>Delete</td><td>NAME</td><td></td><td>STREET ADDRESS</td><td></td><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td><td>Delete</td><td>NAME</td><td></td><td>STREET ADDRESS</td><td></td><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td><td>Delete</td><td>NAME</td><td></td><td>STREET ADDRESS</td><td></td><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td><td>Delete</td><td>NAME</td><td></td><td>STREET ADDRESS</td><td></td><td>CITY-ST-ZIP</td><td></td></tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">Change</td> <td style="width: 10%;">Addition</td> </tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td>Change</td><td>Addition</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td>Change</td><td>Addition</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td>Change</td><td>Addition</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td>Change</td><td>Addition</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td>Change</td><td>Addition</td></tr> </table> </div> </div>						TITLE	P	Delete	NAME	GONZALEZ, CARLOS	STREET ADDRESS	1442 MARA STREET	CITY-ST-ZIP	SANFORD FL 32771	TITLE	D	Delete	NAME	AMATTE, JUAN C	STREET ADDRESS	1442 MARA STREET	CITY-ST-ZIP	SANFORD FL 32771	TITLE		Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
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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 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 507, 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: <i>Carlos Gonzalez</i> 4/18/06 (407) 770-4212 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																															