## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072352

Entity Name: SEVEN DAY PAINTING, INC.

Jul 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6975 W 16 AVE 6929 NW 173 DR **APT 222 APT 207** 

HIALEAH, FL 33014 HIALEAH, FL 33015

**New Mailing Address: Current Mailing Address:** 

6975 W 16 AVE 6929 NW 173 DR **APT 222 APT 207** 

HIALEAH, FL 33015 HIALEAH, FL 33014

FEI Number: 20-2890895 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARAUJO, LUIS A. ARAUJO, LUIS A. 6975 W 16 AVE 6929 NW 173 DR

**APT 222 APT 207** HIALEAH, FL 33014 US HIALEAH, FL 33015 US

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.

SIGNATURE: 07/17/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition () Delete Title:

ARAUJO, LUIS A. Name: Name: ARAUJO, LUIS A. 6975 W 16 AVE APT 222 6929 NW 173 DR APT 207 Address: Address: City-St-Zip: HIALEAH, FL 33014 City-St-Zip: HIALEAH, FL 33015

( ) Delete Title: DVT Title: DVT (X) Change ( ) Addition Name: ARAUJO, MARCIA Name: ARAUJO, MARCIA

6975 W 16 AVE APT 222 6929 NW 173 DR APT 207 Address: Address: HIALEAH, FL 33012 HIALEAH, FL 33015 City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: DS () Delete DS

ARAUJO, ERICK Name: ARAUJO, ERICK Name: 6975 W 16 AVE APT 222 6929 NW 173 DR APT 207 Address: Address: City-St-Zip: HIALEAH, FL 33014 City-St-Zip: HIALEAH, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA ARAUJO 07/17/2009 DVT