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Apr 10, 2006 8:00 am
Secretary of State

03-29-2006 90121 018 ***150.00

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000077516

1. Entity Name
L&V PAINTING SERVICES INC.

66009365

Principal Place of Business	Mailing Address
5074 LAKE HOWELL RD WINTER PARK, FL 32792	5074 LAKE HOWELL RD WINTER PARK, FL 32792

03252006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
5074 Lake Howell Rd	5074 Lake Howell Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park FL	City & State: Winter Park FL
Zip: 32792 Country: U.S.A	Zip: 32792 Country: U.S.A

4. FEI Number 87-0747913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIDAL, LUIS JR
5074 LAKE HOWELL RD
WINTER PARK FL, FL 32792

7. Name and Address of New Registered Agent

Name: Luis Vidal
Street Address (P.O. Box Number is Not Acceptable): 5074 Lake Howell Rd
City: Winter Park FL Zip Code: 32792

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: X Luis Vidal [signature] 4-7-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUIS VIDAL JR 5074 LAKE HOWELL RD WINTER Park FL 32792	☐ Delete	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 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: X [signature] Luis Vidal 4-7-06 407-697-7436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #