
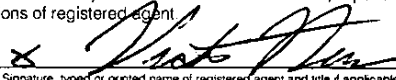
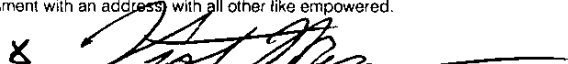


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 28, 2008 8:00 am**  
**Secretary of State**

08-28-2008 90001 038 \*\*\*150.00

|   |  |  |  |
|---|--|--|--|
| DOCUMENT # P05000078310   |  |   |  |
| 1. Entity Name<br>COMMEX PAINTING, INC.   |  |  |  |
| Principal Place of Business<br>18307 ROYAL HAMMOCK BLVD<br>NAPLES, FL 34114   |  | Mailing Address<br>18307 ROYAL HAMMOCK BLVD<br>NAPLES, FL 34114  |  |
| 2. Principal Place of Business - No P.O. Box #<br>11131 Riggs Rd<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br>11131 Riggs Rd.<br>Suite, Apt. #, etc.   |  |
| City & State<br>Naples FL   |  | City & State   |  |
| Zip<br>34114  | Country                                      | Zip  | Country  |
| 4. FEI Number<br>20-2787772   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>MEZA, VICTOR<br>18307 ROYAL HAMMOCK BLVD<br>NAPLES, FL 34114   |  | 7. Name and Address of New Registered Agent<br>Name: Victor Meza<br>Street Address (P.O. Box Number is Not Acceptable): 11131 Riggs Rd.<br>City: Naples FL Zip Code: 34114 |  |
| 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:   |  | DATE: 8/25/08  |  |
| SIGNATURE, typed or printed name of registered agent and title if applicable.   |  | (NOTE: Registered Agent signature required when reinstating)   |  |
| <b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |  |  |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE<br>PT   | MEZA, VICTOR <input type="checkbox"/> Delete | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | MEZA, VICTOR                                 | NAME   |  |
| STREET ADDRESS  | 18307 ROYAL HAMMOCK BLVD                     | STREET ADDRESS   | 11131 Riggs Rd.  |
| CITY-ST-ZIP   | NAPLES, FL 34114                             | CITY-ST-ZIP  |  |
| TITLE   | <input type="checkbox"/> Delete              | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  | NAME   |  |
| STREET ADDRESS  |  | STREET ADDRESS   |  |
| CITY-ST-ZIP   |  | CITY-ST-ZIP  |  |
| TITLE   | <input type="checkbox"/> Delete              | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  | NAME   |  |
| STREET ADDRESS  |  | STREET ADDRESS   |  |
| CITY-ST-ZIP   |  | CITY-ST-ZIP  |  |
| TITLE   | <input type="checkbox"/> Delete              | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  | NAME   |  |
| STREET ADDRESS  |  | STREET ADDRESS   |  |
| CITY-ST-ZIP   |  | CITY-ST-ZIP  |  |
| TITLE   | <input type="checkbox"/> Delete              | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  | NAME   |  |
| STREET ADDRESS  |  | STREET ADDRESS   |  |
| CITY-ST-ZIP   |  | CITY-ST-ZIP  |  |
| 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:   |  | DATE: 8/25/08  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date Daytime Phone #   |  |

40114500



08142008 Chg-P CR2E034 (12/06)