

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90230 004 \*\*\*150.00

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**DOCUMENT # P05000080391**

1. Entity Name  
**SKY PAINTING CO., INC.**



Principal Place of Business  
**3901 SW 112 AVENUE, APT. 12  
 MIAMI, FL 33165**

Mailing Address  
**3901 SW 112 AVENUE, APT. 12  
 MIAMI, FL 33165**

**66007693**



2. Principal Place of Business  
**4534 SW 143 CT W**

3. Mailing Address  
**4534 SW 143 CT W**

Suite, Apt. #, etc.

03062006 Chg-P CR2E034 (11/05)

City & State  
**MIAMI FLORIDA**

City & State  
**MIAMI FLORIDA**

4. EEI Number  
**20-2952839**

Applied For  
 Not Applicable

Zip  
**33175**

Country  
**USA**

Zip  
**33175**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SALGUERO, PAULINO**  
**3901 SW 112 AVENUE, APT. 12**  
**MIAMI, FL 33165**

7. Name and Address of New Registered Agent

Name  
**JOSE A SALGUERO**

Street Address (P.O. Box Number is Not Acceptable)  
**4534 SW CT. W**

City  
**MIAMI**

FL Zip Code  
**33175**

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  **JOSE A SALGUERO**

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 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALGUERO, PAULINO 3901 SW 112 AVENUE, APT. 12 MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALGUERO, JOSE A 4534 SW 143 CT W. MIAMI, FL 33175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.


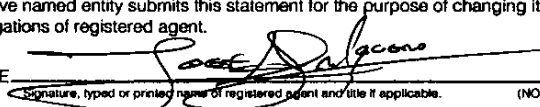
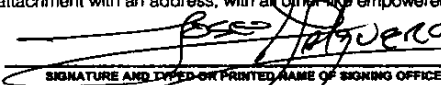
SIGNATURE:  **JOSE A. SALGUERO** **3/29/06** **(305) 225-8344**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

**PRESIDENT**

# ATTACHMENT

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000080391</b> 1. Entity Name <b>SKY PAINTING CO., INC.</b>			
Principal Place of Business <b>3901 SW 112 AVENUE, APT. 12 MIAMI, FL 33165</b>		Mailing Address <b>3901 SW 112 AVENUE, APT. 12 MIAMI, FL 33165</b>	
2. Principal Place of Business <b>4534 SW 143 ct. West</b> Suite, Apt. #, etc.		3. Mailing Address <b>4534 SW 143 ct. West</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33175</b>		Zip <b>33175</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-2952839</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SALGUERO, PAULINO 3901 SW 112 AVENUE, APT. 12 MIAMI, FL 33165</b>		7. Name and Address of New Registered Agent Name <b>Jose A. Salguero</b> Street Address (P.O. Box Number is Not Acceptable) <b>4534 SW 143 ct. West</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33175</b>	
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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <b>3/6/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>SALGUERO, PAULINO</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>3901 SW 112 AVENUE, APT. 12</b> CITY-ST-ZIP <b>MIAMI, FL 33165</b>	TITLE <b>P</b> NAME <b>Salguero, Jose A.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <b>4534 SW 143 ct. West</b> CITY-ST-ZIP <b>Miami, FL 33175</b>	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP
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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.			
<b>SIGNATURE:</b> 		<b>Jose A. Salguero</b> <b>3/6/06</b> <b>(305) 225-8344</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

66007693

