


FILED
May 02, 2007 8:00 am
Secretary of State

DOCUMENT # P05000084635		
1. Entity Name B & O PAINTING, INC.		
Principal Place of Business 8748 NW 106TH TERRACE HALEAH GARDENS, FL 33018	Mailing Address 8748 NW 106TH TERRACE HALEAH GARDENS, FL 33018	
2. Principal Place of Business - No P.O. Box # 7830 W. 28 AVE #116	3. Mailing Address 7830 W. 28 AVE #116	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Hialeah, FL	City & State Hialeah, FL	
Zip 33018	Zip 33018	Country
6. Name and Address of Current Registered Agent		
LOK, BARBARA 8748 NW 106TH TERRACE HALEAH GARDENS, FL 33018		Name Street Address 7830 City Hialeah
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.		
SIGNATURE: <i>Barbara Lalk</i>		
<small>(NOTE: Registered Agent signature required)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT. LOK, BARBARA 8748 NW 106TH TERRACE HALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS LOK, OTALIO 8748 NW 106TH TERRACE HALEAH GARDENS, FL 33018	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
11.		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		7830 W. 28 AVE #116
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report: is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Barbara Lalk</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



401000-



03262007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3002532	Applied For
	Not Applicable

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
7030 1st St. NW

City

Hi ALEAH

FL

Zip Code 33

Code **33018**

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.

✓ Barbara Lafl

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating

✓ 4/26/07
DATE

DAT

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Deleted
NAME	LOK, BARBARA	
STREET ADDRESS	8748 NW 106TH TERRACE	
CITY - ST - ZIP	HALEAH GARDENS, FL 33018	

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ Change ☐ Addition

7830 W. 28 AVE #116
Hialeah FL 33018

TITLE	VPS	<input checked="" type="checkbox"/> Deleted
NAME	LOK, OTALIO	
STREET ADDRESS	8748 NW 106TH TERRACE	
CITY - ST - ZIP	HALEAH GARDENS, FL 33018	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST - ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Barbara LaF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

Date

Daytime Phone # _____