

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087110

Entity Name: GODO PAINTING CORP.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

20011 HERITAGE POINT DR  
TAMPA, FL 33647

## New Principal Place of Business:

## Current Mailing Address:

20011 HERITAGE POINT DR  
TAMPA, FL 33647

## New Mailing Address:

FEI Number: 20-3017092

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OSORIO, JOSE O  
1419 W WATERS AVE  
105  
TAMPA, FL 33604 US

## Name and Address of New Registered Agent:

J & R UNITED HANDS SERVICES CORP  
1419 W WATERS AVE  
105  
TAMPA, FL 33604 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: JOSE O OSORIO

05/01/2009

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:

Title: P ( ) Delete  
Name: FONSECA, GODOFREDO  
Address: 20011 HERITAGE POINT DR  
City-St-Zip: TAMPA, FL 33647

Title: VP ( ) Delete  
Name: CUCANAN, YOLANDA  
Address: 20011 HERITAGE POINT DR  
City-St-Zip: TAMPA, FL 33647

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FONSECA, GODOFREDO  
Address: 401 SW 43RD LANE  
City-St-Zip: COPE CORAL, FL 33914

Title: VP (X) Change ( ) Addition  
Name: CUCANAN, YOLANDA  
Address: 13431 DA PLACE CT APT 93  
City-St-Zip: TAMPA, FL 33612

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: GODOFREDO FONSECA

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date