


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90049 021 \*\*\*150.00

<b>DOCUMENT # P05000088839</b>					
<b>1. Entity Name</b> CARIBBEAN PAINTING & MAINTENANCE SERVICES, INC.					
<b>Principal Place of Business</b> 482 CHICAGO WOODS CIR ORLANDO, FL 32824 US			<b>Mailing Address</b> 482 CHICAGO WOODS CIR ORLANDO, FL 32824 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-3032921	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ROSADO, GILBERTO 482 CHICAGO WOODS CIR ORLANDO, FL 32824			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> ROSADO, GILBERTO		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	482 CHICAGO WOODS CIR		<b>STREET ADDRESS</b>	482 Chicago Woods Circle	
<b>CITY-ST-ZIP</b>	ORLANDO, FL 32824		<b>CITY-ST-ZIP</b>	Orlando, FL 32824	
<b>TITLE</b> S	<b>NAME</b> BENVENUTTI, LUIS A		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	5941 STATLER AVE		<b>STREET ADDRESS</b>	5941 Statler Ave	
<b>CITY-ST-ZIP</b>	ORLANDO, FL 32809		<b>CITY-ST-ZIP</b>	ORLANDO, FL 32809	
<b>TITLE</b> VP	<b>NAME</b> DAVILA, ALVARO H		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	6813 SWAIN AVENUE		<b>STREET ADDRESS</b>	6813 Swain Avenue	
<b>CITY-ST-ZIP</b>	TAMPA, FL 33625		<b>CITY-ST-ZIP</b>	TAMPA, FL 33625	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	482 CHICAGO WOODS CIR		<b>STREET ADDRESS</b>	482 CHICAGO WOODS CIR	
<b>CITY-ST-ZIP</b>	ORLANDO, FL 32824		<b>CITY-ST-ZIP</b>	ORLANDO, FL 32824	
<b>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>					
<b>SIGNATURE:</b> <i>Gilberto Rosado</i>			<b>4/30/07 (407)850-0783</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		