


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90019 005 \*\*\*150.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # P05000091475</b><br>1. Entity Name<br><b>RONY MOLINA'S PAINTING, INC.</b>  |   |   |  |  |  |
| Principal Place of Business<br><b>1761 NORTH JOG RD<br/>201<br/>WEST PALM BEACH, FL 33411</b>  |   |   | Mailing Address<br><b>1761 NORTH JOG RD<br/>201<br/>WEST PALM BEACH, FL 33411</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>SAME ABOVE</b>  |   | 3. Mailing Address<br><b>SAME ABOVE</b>   |  |   |  |
| Suite, Apt. #, etc.<br>  |   | Suite, Apt. #, etc.<br>   |  |   |  |
| City & State<br>   |   | City & State<br>  |  |   |  |
| Zip<br>  |   | Country<br>   |  | Zip<br>   |  |
| Country<br>  |   | Country<br>   |  |   |  |
| 4. FEI Number<br><b>APPLIED FOR</b>  |   |   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   | <b>\$8.75 Additional Fee Required</b>  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MOLINA, RONY<br/>1761 NORTH JOG RD<br/>201<br/>WEST PALM BEACH, FL 33411</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>SAME AS #6</b><br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 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.<br>SIGNATURE <u><b>Rony Molina</b></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><b>2/13/08</b></u>   |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing 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>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MOLINA, RONY<br>1761 NORTH JOG RD APT. 201<br>WEST PALM BEACH, FL 33411 |   | <input type="checkbox"/> Delete  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: <u><b>Rony Molina</b></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | Date: <u><b>2/13/08</b></u> Daytime Phone #  |   |  |

40027172



02132008 Chg-P CR2E034 (12/06)

FL

N/A

ATTACHMENT

40027172

# P05000091475

FILE COPY

OMB No. 1545-0003

Form **SS-4**

(Rev. July 2007)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

|   |  |  |  |
|---|--|--|--|
| Type or print clearly.  | 1 Legal name of entity (or individual) for whom the EIN is being requested<br><b>RONY'S MOLINA'S PAINTING INC</b>  |  |  |
|   | 2 Trade name of business (if different from name on line 1)<br><b>NA</b>   | 3 Executor, administrator, trustee, "care of" name<br><b>RONY MOLINA</b>   |  |
|   | 4a Mailing address (room, apt., suite no. and street, or P.O. box)<br><b>1761 N JOG RD APT. 201</b>  | 5a Street address (if different) (Do not enter a P.O. box.)<br><b>SAME AS 4A</b>   |  |
|   | 4b City, state, and ZIP code (if foreign, see instructions)<br><b>WPB FL 33401</b>   | 5b City, state, and ZIP code (if foreign, see instructions)  |  |
|   | 6 County and state where principal business is located<br><b>PALM BEACH FLORIDA</b>  |  |  |
|   | 7a Name of principal officer, general partner, grantor, owner, or trustor<br><b>RONY MOLINA</b>  |  | 7b SSN, ITIN, or EIN<br><b>951710571</b>               |
| 8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | 8b If 8a is "Yes," enter the number of LLC members ▶   |  |
| 8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| 9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.   |  |  |  |
| <input type="checkbox"/> Sole proprietor (SSN) _____<br><input type="checkbox"/> Partnership<br><input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>1120-S</b><br><input type="checkbox"/> Personal service corporation<br><input type="checkbox"/> Church or church-controlled organization<br><input type="checkbox"/> Other nonprofit organization (specify) ▶ _____<br><input type="checkbox"/> Other (specify) ▶ _____  |  |  |  |
| <input type="checkbox"/> Estate (SSN of decedent) _____<br><input type="checkbox"/> Plan administrator (TIN) _____<br><input type="checkbox"/> Trust (TIN of grantor) _____<br><input type="checkbox"/> National Guard <input type="checkbox"/> State/local government<br><input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military<br><input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises<br>Group Exemption Number (GEN) if any ▶ _____  |  |  |  |
| 9b If a corporation, name the state or foreign country (if applicable) where incorporated   |  | State Foreign country  |  |
| 10 Reason for applying (check only one box)   |  |  |  |
| <input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>01-02-2006</b><br><input type="checkbox"/> Hired employees (Check the box and see line 13.)<br><input type="checkbox"/> Compliance with IRS withholding regulations<br><input type="checkbox"/> Other (specify) ▶ _____  |  |  |  |
| <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____<br><input type="checkbox"/> Changed type of organization (specify new type) ▶ _____<br><input type="checkbox"/> Purchased going business<br><input type="checkbox"/> Created a trust (specify type) ▶ _____<br><input type="checkbox"/> Created a pension plan (specify type) ▶ _____  |  |  |  |
| 11 Date business started or acquired (month, day, year). See instructions.<br><b>01-02-2006</b>   |  | 12 Closing month of accounting year  |  |
| 13 Highest number of employees expected in the next 12 months (enter -0- if none).  |  | 14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.") |  |
| Agricultural Household Other<br><b>0</b>  |  |  |  |
| 15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). <b>01-12-2007</b>   |  |  |  |
| 16 Check one box that best describes the principal activity of your business.   |  |  |  |
| <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker<br><input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail<br><input checked="" type="checkbox"/> Other (specify) <b>PAINTING SERVICES</b> |  |  |  |
| 17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.<br><b>PAINTING SERVICES</b>   |  |  |  |
| 18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |  |  |
| If "Yes," write previous EIN here ▶   |  |  |  |
| Third Party Designee  | Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. |  |  |
|   | Designee's name<br><b>NA</b>   |  | Designee's telephone number (include area code)<br>( ) |
|   | Address and ZIP code   |  | Designee's fax number (include area code)<br>( )       |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.   |  | Applicant's telephone number (include area code)<br>( )  |  |
| Name and title (type or print clearly) ▶  |  | Applicant's fax number (include area code)<br>( )  |  |
| Signature ▶   |  | Date ▶   |  |