

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000098401

1. Entity Name
FINE ART MURALS SERVICE R & A CORP



Principal Place of Business
2709 N SAINT VINCENT ST
TAMPA, FL 33607 US

Mailing Address
2709 N SAINT VINCENT ST
TAMPA, FL 33607 US



04292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3132990	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRERAS, SANTIAGO M
2722A TAMPA BAY BLVD
TAMPA, FL 33607

DO NOT WRITE
IN THIS SPACE

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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SUAREZ, RAFAELA
STREET ADDRESS	2709 N SAINT VINCENT ST
CITY - ST - ZIP	TAMPA, FL 33607
TITLE	VP
NAME	SUAREZ, ALDO R
STREET ADDRESS	2709 N SAINT VINCENT ST
CITY - ST - ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/25/07-80007-005 158.75

DO NOT WRITE
IN THIS SPACE

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:

Rafaela Suarez

RAFAELA SUAREZ.

04-30-07 813-801-9054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #