


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000102810	
1. Entity Name STAIN & PAINTING, CORP.	

Principal Place of Business 13540 SW 128 ST 202 MIAMI, FL 33186	Mailing Address 13540 SW 128 ST 202 MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



04052007 No Chg-P CR2E034 (11/05)

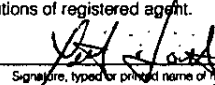
4. FEI Number 20-3214617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STAIN AND PAINTING, LLC.
13540 SW 128 STREET, SUITE 202
MIAMI, FL 33186**

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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  DATE **04.06.07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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"/> \$5.00 May Be Added to Fees
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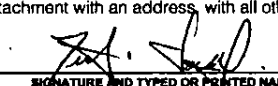
10. OFFICERS AND DIRECTORS

TITLE P	NAME LOPEZ, IVAN D
STREET ADDRESS 15879 SW 68 TERRACE	
CITY-ST-ZIP MIAMI, FL 33193	
TITLE VP	NAME LOPEZ, YERSON A
STREET ADDRESS 4450 LUDLAM RD. APT U	
CITY-ST-ZIP MIAMI, FL 33155	
TITLE SD	NAME LOPEZ, JOSE D
STREET ADDRESS 15879 SW 68 TERRACE	
CITY-ST-ZIP MIAMI, FL 33193	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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U00000697257
04/18/07-80033-015 158.75

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:  DATE **04.06.07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #