

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-27-2006 90277 047 ***150.00
04-10-2006 90331 050 *****8.75

DOCUMENT # P05000115294

1. Entity Name
JA PASTORE PAINTING INC



Principal Place of Business
**640 SW 55 AVE
MARGATE, FL 33068**

Mailing Address
**640 SW 55 AVE
MARGATE, FL 33068**

50010475

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162006 Chg-P CR2E034 (11/05)

4. FEI Number

20-3526681

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PASTORE, JORGE A
640 SW 55 AVE
MARGATE, FL 33068**

7. Name and Address of New Registered Agent

Name **PASTORE JORGE A**
Street Address (P.O. Box Number is Not Acceptable)
640 SW 55 AVE
MARGATE FL 33068
City **FL** 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.

SIGNATURE

JORGE A PASTORE

4-8-06

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restraining.)

DATE

FILE NOW! FEES \$150.00
After May 1, 2006 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** ☐ Delete
NAME **PASTORE, JORGE A**
STREET ADDRESS **640 SW 55 AVE**
CITY-ST-ZIP **MARGATE, FL 33068**

TITLE **VP** ☒ Delete
NAME **PASTORE, TATIANA**
STREET ADDRESS **640 SW 55 AVE**
CITY-ST-ZIP **MARGATE, FL 33068**

TITLE **T** ☒ Delete
NAME **PASTORE, JORGE I**
STREET ADDRESS **640 SW 55 AVE**
CITY-ST-ZIP **MARGATE, FL 33068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **JORGE A PASTORE**

4-8-06 9:54) 2705827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone