

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90191 004 ***150.00

DOCUMENT # P05000127065			
1. Entity Name ARIAS PAINTING CORP.			
Principal Place of Business 3114 HOUNDSWORTH COURT #504 ORLANDO, FL 32837		Mailing Address 3114 HOUNDSWORTH COURT #504 ORLANDO, FL 32837	
2. Principal Place of Business 12016 Villanova Drive Suite, Apt. #, etc. 101 City & State Orlando, FL Zip 32837 Country Orange		3. Mailing Address 12016 Villanova Drive Suite, Apt. #, etc. 101 City & State Orlando, FL Zip 32837 Country Orange	
4. FEI Number 20-3476798		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 ARIAS, JHON A 3114 HOUNDSWORTH COURT #504 ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: <u>Jhon A. Arias</u> <u>Jhon A. Arias</u> <u>04/30/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS ARIAS, JHON A 3114 HOUNDSWORTH COURT, #504 ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS Arias, Jhon A 12016 Villanova Drive Apt 101 Orlando, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Jhon A. Arias</u> <u>Jhon A. Arias</u> <u>04/30/06</u> <u>407-4845852</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			