

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90200 050 ***150.00

DOCUMENT # P05000127079 1. Entity Name DIAZ PRO PAINTING, INC.																													
Principal Place of Business 317 GARDENIA ROAD KISSIMMEE, FL 34743				Mailing Address 317 GARDENIA ROAD KISSIMMEE, FL 34743																									
2. Principal Place of Business 317 Gardenia Rd				3. Mailing Address 317 Gardenia Rd																									
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 																									
City & State Kissimmee FL				City & State Kissimmee FL																									
Zip 34743				Zip 34743																									
Country Osceola				Country 																									
4. FEI Number 20-3476946				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 DIAZ, ANIBAL 317 GARDENIA ROAD KISSIMMEE, FL 34743			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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><i>Anibal Diaz</i></u> <u><i>Anibal Diaz</i></u> <u><i>5-1-06</i></u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>																													
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">DPTS</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DIAZ, ANIBAL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>317 GARDENIA ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KISSIMMEE, FL 34743</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">DPTS</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Diaz Anibal</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>317 Gardenia Road</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Kissimmee FL 34743</td> <td></td> </tr> </table> </div> </div>						TITLE	DPTS	<input type="checkbox"/> Delete	NAME	DIAZ, ANIBAL		STREET ADDRESS	317 GARDENIA ROAD		CITY-ST-ZIP	KISSIMMEE, FL 34743		TITLE	DPTS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Diaz Anibal		STREET ADDRESS	317 Gardenia Road		CITY-ST-ZIP	Kissimmee FL 34743	
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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><i>Anibal Diaz</i></u> <u><i>Anibal Diaz</i></u> <u><i>5-1-06</i></u> <u><i>407-925-5531</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													