

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133129

FILED
Aug 17, 2006
Secretary of State

Entity Name: FLORES & ORELLANA PAINTING CORP

Current Principal Place of Business:

4004 S MANHATTAN AVE
APT 25
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4004 S MANHATTAN AVE
APT 25
TAMPA, FL 33611

New Mailing Address:

FEI Number: 20-3547221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORES, SANTOS
4004 S MAHATTAN AVE
APT 25
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLORES, SANTOS
Address: 4004 S MANHATTAN AVE APT 25
City-St-Zip: TAMPA, FL 33611

Title: VP () Delete
Name: ORELLANA, RAMON
Address: 4004 S MANHATTAN AVE APT 25
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANTOS FLORES

P

08/17/2006

Electronic Signature of Signing Officer or Director

Date