2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
08 SEP 15 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000140148

1. Entity Name
VINI PAINTING INC

Principal Place of Business	Mailing Address
850 E COMMERCIAL BLVD APT 127 OAKLAND PARK, FL 33334	850 E COMMERCIAL BLVD APT 127 OAKLAND PARK, FL 33334

09102008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3090 N. COURSE DR	3090 N. COURSE DR
Suite, Apt. #, etc. BLD 50 #403	Suite, Apt. #, etc. BLD 50 # 403
City & State POMPANO BEACH FL	City & State POMPANO BEACH FL
Zip 33069 Country US	Zip 33069 Country US

4. FEI Number 65-1261340 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIBEIRO, JOATHN C
850 E COMMERCIAL BLVD
APT 127
OAKLAND PARK, FL 33334

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: Joathn Cupertino Ribeiro 09/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RIBEIRO, JOATHN C 850 E COMMERCIAL BLVD - APT 127 OAKLAND PARK, FL 33334 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 100136161551 09/19/08--01049--017 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIBEIRO, JOATHN C 850 E COMMERCIAL BLVD - APT 127 OAKLAND PARK, FL 33334 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ 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: Joathn Cupertino Ribeiro 09/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #