

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90018 038 ***150.00

DOCUMENT # P05000141751

1. Entity Name
CAPTRI PAINTING CONTRACTORS, INC.



Principal Place of Business
1598 NE 173RD STREET
NORTH MIAMI BEACH, FL 33162

Mailing Address
1598 NE 173RD STREET
NORTH MIAMI BEACH, FL 33162



02132008 Chg-P CR2E034 (12/06)

4. FEI Number
84-1692667
Applied For
Not Applicable

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

2. Principal Place of Business - No P.O. Box #

2111 NE 172 ST

Suite, Apt. #, etc.
N. MIAMI BEACH

City & State
FLORIDA

Zip
33162

Country
USA

3. Mailing Address

2111 NE 172 ST

Suite, Apt. #, etc.
N. MIAMI BEACH

City & State
FLORIDA

Zip
33162

Country

6. Name and Address of Current Registered Agent

ROSARIO ACCOUNTING AND IMMIGRATION SERCO,
16948 NE 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

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

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
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ASTO, TRINIDAD A			NAME	MARGARITA PADILLA		
STREET ADDRESS	1598 NE 173RD STREET			STREET ADDRESS	2111 NE 172 ST		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162			CITY-ST-ZIP	N. MIAMI BEACH, FL 33162		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOYA, JORGE			NAME			
STREET ADDRESS	1598 NE 173 ST			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANGELES, JORGE LUIS			NAME			
STREET ADDRESS	1495 NE 167 ST #105			STREET ADDRESS			
CITY-ST-ZIP	N MIAMI, FL 33162			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-14-2008