2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90203 013 ***158.75

DOCUMENT # P05000145350

1. Entity Name
F.R.F. PAINTING INC

Principal Place of Business	Mailing Address
1226 WOODMERE CIR ALTAMONTE SPRINGS, FL 32714 US	1226 WOODMERE CIR ALTAMONTE SPRINGS, FL 32714 US

04182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
112 essex ave	112 essex ave
Suite, Apt. #, etc.: #41-A	Suite, Apt. #, etc.: #41-A
City & State: Altamonte SpringsFl	City & State: Altamonte springs-Fl
Zip: 32701 Country: USA	Zip: 32701 Country: USA

4. FEI Number: 20-3696805 ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DVIR, DERHY 99 N.W. 183RD ST 112 MIAMI, FL 33169	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, 2006 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 ☐ Delete	TITLE	P ☐ Change ☐ Addition
NAME	MENDOZA, FRANCY	NAME	Francy Mendoza
STREET ADDRESS	5789 BENT PINE DR. # 210	STREET ADDRESS	112 essex ave #41-A
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	Altamonte Springs - Florida - 32701
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: (Francy Mendoza) 04-24-06 (407) 797 8289 (407) 913 5747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #