


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 19, 2006 8:00 am
Secretary of State

04-20-2006 90197 036 ***150.00

DOCUMENT # P05000147676					
1. Entity Name PIL PAINTING CORP.					
Principal Place of Business 11789SW 18 ST APT 3 MIAMI, FL 33175			Mailing Address 11789SW 18 ST APT 3 MIAMI, FL 33175		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3811992	
				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			7. Name and Address of New Registered Agent		
FEBLES-FREIRE, LAZARO P 11789SW 18 ST APT 3 MIAMI, FL 33175			Name LUIS MEDINA LOPEZ		
			Street Address (P.O. Box Number is Not Acceptable) 6500 SW 138TH COURT		
			City MIAMI		
			FL Zip Code 33183		
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEBLES-FREIRE, LAZARO P		NAME		
STREET ADDRESS	11789SW 18 ST APT 3		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	PUP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, LUIS M		NAME	LUIS MEDINA LOPEZ	
STREET ADDRESS	11789SW 18 ST APT 3		STREET ADDRESS	6500 SW 138TH COURT	
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP	MIAMI, FL 33183-000	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, YGNACIO		NAME	YGNACIO GONZALEZ MADAN	
STREET ADDRESS	11789SW 18 ST APT 3		STREET ADDRESS	11789 SW 18 ST APT. 3	
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP	MIAMI, FL 33175	
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: _____		_____		3/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	