

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/6/2006-90034-014-\$150.00-\$150.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07172008 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000150881</b> 1. Entity Name <b>G.B.B. PAINTING, CORP.</b>					
Principal Place of Business <b>15780 SW 141 ST MIAMI, FL 33196</b>		Mailing Address <b>15780 SW 141 ST MIAMI, FL 33196</b>			
2. Principal Place of Business <i>157-80 SW 141 ST</i> Suite/Apt. #, etc. <i>House</i> City & State <i>MIAMI FL</i>		3. Mailing Address <i>157-80 SW 141 ST</i> Suite/Apt. #, etc. <i>House</i> City & State <i>MIAMI FL</i>			
Zip <i>33196</i>	Country <i>DADE County</i>	Zip <i>33196</i>	Country <i>DADE County</i>		
6. Name and Address of Current Registered Agent  <b>BERNAL GONZALO 15780 SW 141 ST MIAMI, FL 33196</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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: <i>Gonzalo Bernal</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP <b>BERNAL GONZALO</b> <input type="checkbox"/> Delete <b>15780 SW 141 ST</b> <b>MIAMI, FL 33196</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>ALONSO, SORIS B</b> <input type="checkbox"/> Delete <b>15780 SW 141 ST</b> <b>MIAMI, FL 33196</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DP 9/28</i> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not fall under 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. 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; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other blocks.					
SIGNATURE: <i>Gonzalo Bernal</i> <small>(Signature and typed or printed name of signing officer) Date Daytime Phone #</small>					