2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000159064

1. Entity Name

TREMONT PAINTING, INC.



Principal Place of Business

1001 NORTH FEDERAL HIGHWAY

SUITE 322

HALLANDALE, FL 33009

Mailing Address

1001 NORTH FEDERAL HIGHWAY

SUITE 322

HALLANDALE, FL 33009 US

FILED May 01, 2008 08:00 AM Secretary of State



04292008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3897703

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANTATORE, ROBERT J 1001 NORTH FEDERAL HIGHWAY **SUITE 322** HALLANDALE, FL 33009

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	named entity submits this statement for the plants of registered agent.	urpose of changing its regis	stered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	•
SIGNATURE	Signature, typed or printed name of registered agont and title if	applicable. (NOTE: Regi	istered Agent signature	required when reinstating)	DATE:	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees	U00000941099 05/28/08-80093-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CANTATORE, ROBERT J 1001 NORTH FEDERAL HIGHWAY HALLANDALE, FL 33009	CTORS				
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME		•				

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

ROBERT J. CANTATORE 4-28-08 516-5035