


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000164697

1. Entity Name
GONZALO'S PAINTING, CORP.



Principal Place of Business 20848 N.W. 1 ST PEMBROKE PINES, FL 33029	Mailing Address 20848 N.W. 1 ST PEMBROKE PINES, FL 33029
--	--

DO NOT WRITE IN THIS SPACE



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3935978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAAVEDRA, GONZALO
20848 N.W. 1 ST
PEMBROKE PINES, FL 33029

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SAAVEDRA, GONZALO 20848 N.W. 1 ST PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000624714
02/14/07-80045-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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 *Conrado Saavedra* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_____ Date _____ Daytime Phone # _____