

2006

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

08-11-2006 90001 024 \*\*\*550.00

<b>DOCUMENT #</b> P05000166030
<b>1. Entity Name</b> Paint City Service Corp.

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 1270 N.E. 155th St. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1270 N.E. 155th St. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> No. Miami Beach, FL 33162 Zip Country 33162-5534 USA	<b>City &amp; State</b> No. Miami Beach, FL 33162 Zip Country 33162-5534 USA	<b>4. FEI Number</b> 20-3998764	<b>Applied For</b> <input type="checkbox"/> Not Applicable
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

<b>Name</b> St. Vil, Charite
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1270 N.E. 155th St.
<b>City</b> No. Miami Beach
<b>Zip Code</b> FL 33162-5534

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$500.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T St. Vil, Charite 1270 N.E. 155th St. No. Miami Beach, FL 33162	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Charite St. Vil* Charite St. Vil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *8/7/06* Daytime Phone # *305-949-0034*