2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90851 019 ***158.75 DOCUMENT # P06000003509 1. Entity Name DIAZ GENERAL PAINTING CORP. 400001100 Principal Place of Business Mailing Address 3421 NW 5 AVE 3421 NW 5 AVE MIAMI, FL 33127 MIAMI, FL 33127 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04272007 4. FEI Number 20~4097048 City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ, RODOLFO Street Address (P.O. Box Number is Not Acceptable) 3421 NW 5 AVE MIAMI, FL 33127 Zip Code FL 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 tide if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Addition ☐ Delete TITLE ☐ Change NAME DIAZ, RODOLFO B NAME 3421 NW 5 AVE STREET ADDRESS STREET ADDRESS CHY ST ZIP MIAMI, FL 33127 CITY-ST ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY ST ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP OHE Delete 101 E Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY ST ZIP Delete ☐ Change Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CITY - ST - ZIP TITLE Delete THE Change Addition | NAME STREET ADORESS STREET ADDRESS CHY-ST-ZIP CITY ST ZIP 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 it 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 attachnier, with an address, with all other like empowered.

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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