

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000005660

Entity Name: SILVA'S PAINTING & GENERAL SERVICES CORP

FILED
May 10, 2007
Secretary of State

Current Principal Place of Business:

7448 GOLDEN GLENN DR.
ORLANDO, FL 32807 US

New Principal Place of Business:

5036 DR PHILLIPS BLVD
SUITE 354
ORLANDO, FL 32819 US

Current Mailing Address:

7448 GOLDEN GLENN DR.
ORLANDO, FL 32807 US

New Mailing Address:

5036 DR PHILLIPS BLV
SUITE 354
ORLANDO, FL 32819 US

FEI Number: 20-4124359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSIS FILHO, JARBAS E DP
7448 GOLDEN GLENN DR.
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

DA SILVA, JOSE L DP
5036 DR PHILLIPS BLVD
SUITE 354
ORLANDO, FL 32819 US

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.

SIGNATURE: JOSE LEONIDAS DA SILVA

05/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ASSIS FILHO, JARBAS E
Address: 7448 GOLDEN GLENN DR.
City-St-Zip: ORLANDO, FL 32807 US

Title: VP (X) Delete
Name: ASSIS FILHO, JARBAS E
Address: 7448 GOLDEN GLENN DR.
City-St-Zip: ORLANDO, FL 32807 US

Title: T (X) Delete
Name: ASSIS, BRUNO L
Address: 7448 GOLDEN GLENN DR.
City-St-Zip: ORLANDO, FL 32807 US

Title: S (X) Delete
Name: DE ASSIS, JOAO L
Address: 7448 GOLDEN GLENN DR.
City-St-Zip: ORLANDO, FL 32807 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DA SILVA, JOSE L P
Address: 5036 DR PHILLIPS BLVD
City-St-Zip: ORLANDO, FL 32819 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE LEONIDAS DA SILVA

P

05/10/2007

Electronic Signature of Signing Officer or Director

Date