## FILED May 02, 2007 8:00 am Secretary of State 05-02-2007 90058 017 \*\*\*158.75

## 2007 FOR PROFIT CORPORATION

	ANNUAL					
DOCUMENT # P06000011471  1. Entity Name CORDERO PAINT CORP. INC				40098710		
Principal Plac	ce of Business	Mailing Address		4000012		
12238 EAST ORLANDO, F	COVE DR	12238 EASTCOVE DR Orlando, Fl. 32826				
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2. Principal Place of Business - No P.D. Box # 3. Mailing Address 545 W 12 Street 545 W 12 Str			Storet			
Suite, Apt, #, etc.		<u>B</u>	03222007 Chg-P CR2E034 (12/06)			
City 8/3ig	saleah, Fl	Higlean	<i>[=[</i>	4. FEI Number Applied For 51 - 05683/8 Not Applicable		
330	/O. Country	33010	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						
MARTINEZ, JULIO R						
12238 EASTCOVE DR			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO, FL 32826						
: 7	<b>F</b>		City	FL Zip Code		
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 obliga	tions of registered agent.					
SIGNATURE						
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees						
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	P MARTINEZ, JULIO R	Delete	MIE P	Jolio Martinez, Change Addition		
STREET ADDRESS	12238 EASTCOVE DR		NAME STREET ADDRESS	545W 12 Street apto 10B		
CITY-ST-ZIP	ORLANDO, FL 32826		CITY-ST-ZIP	Horden 15/ 33010		
TITLE NAME	D CORDERO, DAYSI P	☐ Delete	TITLE V	Says; P Cordon Change Addition		
STREET ADDRESS	12238 EASTCOVE DR		NAME STREET ADDRESS 5	45W 12 Storet apt 100		
CITY_SY-ZIP	ORLANDO, FL 32826		CITY-SY-ZIP-	Hirled F/ -38010		
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STREET ADDRESS			NAME Street adoress			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		Delete	TITLE	☐ Change ☐ Addition		
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TIFLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition		
STREET ADDRESS			NAME STREET ADORESS			
CITY-ST-ZIP			CITY-ST-ZIP			
DILE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS			NAME Street address			
CITY+ST-ZIP			CITY-ST-ZIP			
	artify that the information and it is					

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 occurrence or trustee empowered to execute this report as required by Chapter 607. Florida Statutes.