
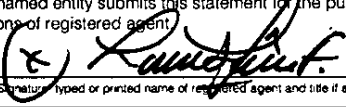
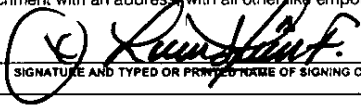


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90034 035 ***150.00

DOCUMENT # P06000017618 1. Entity Name LESLIE PAINTING SERVICES, CORP.					
Principal Place of Business 46 SW 36TH AVE. MIAMI, FL 33135			Mailing Address 46 SW 36TH AVE. MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box # 100 SW 35 AVE.			3. Mailing Address 100 SW 35 AVE.		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State MIAMI, FL.		City & State MIAMI, FL.		4. FEI Number APPLIED FOR 20-4111301	
Zip 33135		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUADRA, LIGIA M 1418 W FLAGLER STREET MIAMI, FL 33135				7. Name and Address of New Registered Agent Name LESLIE FLORES Street Address (P.O. Box Number is Not Acceptable) 100 SW 35 AVE. City MIAMI FL 33135	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FLORES, LESLIE M 46 SW 36TH AVE. MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LESLIE FLORES V NOEL GAITAN S TERESA MIDENCE 100 SW 35 AVE. MIAMI, FL. 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAITAN, NOEL 46 SW 36TH AVE. MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIDENCE, TERESA 46 SW 36TH AVE. MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  (NOTE: Signature and typed name of signing officer or director) Date _____ Daytime Phone # _____					