
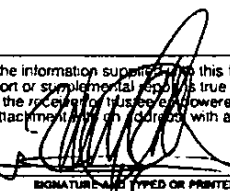


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90175 039 \*\*\*150.00

<b>DOCUMENT # P06000025408</b>					
1. Entity Name <b>MIAMI PAINTER INC.</b>					
Principal Place of Business <b>3550 SW 25 ST. MIAMI, FL 33135</b>			Mailing Address <b>3550 SW 25 ST. MIAMI, FL 33135</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>510-5777-51</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ROJANO, RICARDO C. 3550 SW 25 ST. MIAMI, FL 33135</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and fee (if applicable) (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT ROJANO, RICARDO C. 3550 SW 25 ST. MIAMI, FL 33135 <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	VS O'HAIR, STEPHEN K. 19998 SW 256 ST. HOMESTEAD, FL 33031 <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	
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12. I hereby certify that the information supplied in 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 person or persons authorized 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 and on a document with all other like empowered.					
SIGNATURE: 			4/14/07		
SIGNATURE (Typed or Printed Name of Signing Officer or Director)			Date		