2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007
Secretary of State

DOCUMENT# P06000039384

Entity Name: SAUL PAINTING INC

Current Principal Place of Business:

2420 140TH AVE
2
TAMPA, FL 33613 US

New Principal Place of Business:

2024 140TH AVE
2
TAMPA, FL 33613 US

Current Mailing Address:

2420 140TH AVE
2
TAMPA, FL 33613 US

New Mailing Address:

2024 140TH AVE
2
TAMPA, FL 33613 US

FEI Number: 20-4534008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOLEDO GUTIERREZ, SAUL
2420 140TH AVE
2
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

GUTIERREZ TOLEDO, SAUL
2024 140TH AVE
2
TAMPA, FL 33613 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: SAUL GUTIERREZ TOLEDO 07/24/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GUTIERREZ TOLEDO, SAUL
Address: 2420 140TH AVE APT 2
City-St-Zip: TAMPA, FL 33613 US

Title: VP ( ) Delete
Name: CRUZ, SELENE T
Address: 2024 140TH AVENUE APT 2
City-St-Zip: TAMPA, FL 33613

Title: S ( ) Delete
Name: ROQUES, DARINEL G
Address: 2024 140TH AVENUE APT 2
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GUTIERREZ TOLEDO, SAUL
Address: 2024 140TH AVE APT 2
City-St-Zip: TAMPA, FL 33613 US

Title: VP (X) Change ( ) Addition
Name: TONCHEZ CRUZ, SELENE
Address: 2024 140TH AVENUE APT 2
City-St-Zip: TAMPA, FL 33613 US

Title: S (X) Change ( ) Addition
Name: GUTIERREZ ROQUES, DARINEL
Address: 2024 140TH AVENUE APT 2
City-St-Zip: TAMPA, FL 33613

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: SAUL GUTIERREZ TOLEDO P 07/24/2007
Electronic Signature of Signing Officer or Director Date