2007 FOR PROFIT CORPORATION

Apr 19, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-19-2007 90200 009 ***150.00 **DOCUMENT # P06000041168** 1. Entity Name A-1-A WATER PROOFING & PAINTING INC 40069818 Principal Place of Business Mailing Address 1801 SW 140TH AVE 1801 SW 140TH AVE MIAMI, FL 33175 MIAMI, FL 33175 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. 04152007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 20-4551012 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREDA, PEDRO JOSE Street Address (P.O. Box Number is Not Acceptable) 1801 SW 140TH AVE MIAMI, FL 33175 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE ☐ Delete TITLE PEREDA, PEDRO JOSE 1801 SW 140TH AVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33175 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE THE STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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

NAME

STREET ADDRESS

CITY-ST-ZIP

Pedro J. Pereda

NAME

STREET ADDRESS

04/16/07

395-282-9166

FILED