

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000046570


### 1. Entity Name

C.D.M. PAINTING, CORP.



**FILED**

**Feb 04, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 14818 S.W. 108 TER. MIAMI FL 33196		Mailing Address 14818 S.W. 108 TER. MIAMI FL 33196			
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>03-0589254</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable       </div>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MASCINA, CLAUDIO</b> <b>14818 S.W. 108 TERR</b> <b>MIAMI FL 33196</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 title for applicable. (NOTE: Registered Agent signature required when constituting)</small> <div style="float: right;">DATE</div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASCINA, CLAUDIO		NAME	U00000814340	
STREET ADDRESS	14840 S.W. 108 AVE DR		STREET ADDRESS	02/13/08-80040-013 150.00	
CITY- ST- ZIP	MIAMI FL 33196		CITY- ST- ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASCINA, ANA		NAME		
STREET ADDRESS	14840 S.W. 108 AVE DR		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33196		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.15

Days in Prison ■