2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 04, 2008 08:00 AN DOCUMENT # P06000046570 1. Entity Name **Secretary of State** C.D.M. PAINTING, CORP. Principal Place of Business Mailing Address 14818 S.W. 108 TER. 14818 S.W. 108 TER. MIAMI FL 33196 MIAMI FL 33196 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 03-0589254 Not Applicable Ζıp Country Country Zip \$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 MASCINA, CLAUDIO Street Address (P.O. Box Number is Not Acceptable) 14818 S.W. 108 TERR **MIAMI FL 33196** City 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, typod or crimed harre of registered agent and the if approacie. (NOTE Recistered Addot Biotrature required when reinstatical) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITE TITLE ☐ Change Addition Delete MASCINA, CLAUDIO NAME 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 Defete TITLE ☐ Addition HILE Change NAME MASCINA, ANA HAME STREET ADDRESS 14840 S.W. 108 AVE DR STREET ADDRESS. CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP TTLE Derete THLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- 212 CITY-ST-ZIP Delete Addition TIFLE ☐ Change THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TIME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Deiele TITLE Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZiP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information

indicated on this report or supplemental report is true and accurate and hat my signature shall have the same legal effect as if made under oath, that fam 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 attachmen with an address, with all other like empowered.

Davi no Phone #

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: