

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058507

Entity Name: PAINT PLUS SERVICES, INC

FILED
Mar 13, 2007
Secretary of State

Current Principal Place of Business:

15290 SW 106 LN
321
MIAMI, FL 33196

New Principal Place of Business:

10630 SW 158 CT
#202 B-12
MIAMI, FL 33196

Current Mailing Address:

15290 SW 106 LN
321
MIAMI, FL 33196

New Mailing Address:

10630 SW 158 CT
#202 B-12
MIAMI, FL 33196

FEI Number: 20-4737183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOCANEGRA, LUIS
15290 SW 106 LN
321
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

BOCANEGRA, LUIS
10630 SW 158 CT
#202 B-12
MIAMI, FL 33196 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: LUIS BOCANEGRA

03/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOCANEGRA, LUIS
Address: 15290 SW 106 LN APT 321
City-St-Zip: MIAMI, FL 33196

Title: VP () Delete
Name: ECHEVERRI, JAIME
Address: 15290 SW 106 LN APT 321
City-St-Zip: MIAMI, FL 33196

Title: S () Delete
Name: BOCANEGRA, LUIS
Address: 15290 SW 106 LN APT 321
City-St-Zip: MIAMI, FL 33196

Title: T () Delete
Name: ECHEVERRI, JAIME
Address: 15290 SW 106 LN APT 321
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOCANEGRA, LUIS
Address: 10630 SW 158 CT
City-St-Zip: MIAMI, FL 33196

Title: VP (X) Change () Addition
Name: NACARINO, CINTHYA H
Address: 10630 SW 158 CT
City-St-Zip: MIAMI, FL 33196

Title: S (X) Change () Addition
Name: BOCANEGRA, LUIS
Address: 10630 SW 158 CT
City-St-Zip: MIAMI, FL 33196

Title: T (X) Change () Addition
Name: NACARINO, CINTHYA H
Address: 10630 SW 158 CT
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS BOCANEGRA

P

03/13/2007

Electronic Signature of Signing Officer or Director

Date