


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90009 020 \*\*\*163.75

<b>DOCUMENT # P06000058858</b>	
1. Entity Name <b>MARIO'S FINISHING, INC.</b>	

Principal Place of Business <b>220 LAGO CIRCLE APT 302 WEST MELBOURNE, FL 32904</b>	Mailing Address <b>220 LAGO CIRCLE APT 302 WEST MELBOURNE, FL 32904</b>
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2. Principal Place of Business - No P.O. Box # <b>265 LAGO CIRCLE</b>	3. Mailing Address <b>265 LAGO CIR</b>
Suite, Apt. #, etc. <b>105</b>	Suite, Apt. #, etc. <b>105</b>
City & State <b>West Melbourne FL</b>	City & State <b>W. Melbourne FL</b>
Zip <b>32904</b>	Zip <b>32904</b>
Country <b>US</b>	Country <b>US</b>

40043300



03202007 Chg-P CR2E034 (12/06)

4. FEI Number <b>204760076</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SARAVIA, MARIO 220 LAGO CIRCLE APT 302 WEST MELBOURNE, FL 32904</b>
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7. Name and Address of New Registered Agent	
Name <b>Mario Saravia</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>265 LAGO CIR</b>	
# <b>105</b>	
City <b>W. Melbourne</b>	FL Zip Code <b>32904</b>

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 Mario Saravia DATE 3-27-07

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARAVIA, MARIO 220 LAGO CIRCLE APT 302 WEST MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Saravia Mario 265 LAGO CIR. APT # 105 W Melbourne FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUBIO, EVER 470 N WICKHAM RD APT 239 MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rubio EVER 1036 Spring St NW Dolm Box FL 32907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mario Saravia Mario Saravia 3-27-07 321-610-1035