


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-28-2007 90009 020 ***163.75

DOCUMENT # P06000058858

1. Entity Name
MARIO'S FINISHING, INC.



Principal Place of Business
**220 LAGO CIRCLE APT 302
 WEST MELBOURNE, FL 32904**

Mailing Address
**220 LAGO CIRCLE APT 302
 WEST MELBOURNE, FL 32904**

2. Principal Place of Business - No P.O. Box #
265 LAGO CIRCLE

3. Mailing Address
265 LAGO CIR

Suite, Apt. #, etc.
105


City & State
West Melbourne FL

City & State
W. Melbourne FL

Zip
32904

Country
US

40043301



03202007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
**SARAVIA, MARIO
 220 LAGO CIRCLE APT 302
 WEST MELBOURNE, FL 32904**

4. FEI Number
204760076

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **Mario Saravia**
 Street Address (P.O. Box Number is Not Acceptable)
265 LAGO CIR
105
 City **W. Melbourne FL** Zip Code **32904**

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 265 LAGO CIR. APT # 105 W MELBOURNE FL 32904
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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1039 Spring St NW Dolan Bay FL 32907
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
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #