

2008, FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90044 024 ***150.00

DOCUMENT # P06000065256					
1. Entity Name THE PAINTED REEF, INC.					
Principal Place of Business 1612 NE 17TH WAY FT LAUDERDALE, FL 33305 US			Mailing Address 1612 NE 17TH WAY FT LAUDERDALE, FL 33305 US		
2. Principal Place of Business - No P.O. Box # 609 SOUTH M. STREET Suite, Apt. #, etc.		3. Mailing Address 609 SOUTH M. STREET Suite, Apt. #, etc.			
City & State LAKE WORTH FL Zip 33460		City & State LAKE WORTH FL Zip 33460		4. FEI Number 20-4832169	
Country U.S.		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REHFUSS, MARIANNE 1612 NE 17TH WAY FT LAUDERDALE, FL 33305			7. Name and Address of New Registered Agent Name: REHFUSS, MARIANNE Street Address (P.O. Box Number is Not Acceptable): 609 SOUTH M. STREET City: LAKE WORTH FL Zip Code: 33460		
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: DATE: 3/21/08					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P REHFUSS, MARIANNE 1612 NE 17TH WAY FT. LAUDERDALE, FL 33305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REHFUSS, MARIANNE 609 SOUTH M. STREET LAKE WORTH FL 33460	
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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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: DATE: 3/21/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					