## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000069847

Title:

Name:

Address:

City-St-Zip:

FILED Apr 29, 2008 Secretary of State

Entity Nan	ne: CHASKYI	PAINTING INC.					
Current Principal Place of Business:			New Principal Place of Business:				
	LEY BLVD E, FL 34741						
Current Mailing Address:			New Mailing Address:				
	TLEY BLVD E, FL 34741						
FEI Number:	20-4887640	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Des	ired()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
1703 BENT	CARLOS A LEY BLVD E, FL 34741	US					
The above in the State		ubmits this statement for the pu	rpose of changing it	ts registered o	office or registered ager	it, or both,	
SIGNATUF							
Election Can		c Signature of Registered Ager  Trust Fund Contribution ( ).	nt		Date		
	S AND DIRECT	• • •	ADDITION	S/CHANGES	TO OFFICERS AND D	DIRECTORS:	
Title: Name: Address: City-St-Zip: Title:	SALINAS, CARL 1703 BENTLEY KISSIMMEE, FL	BLVD	Title: Name: Address: City-St-Zip: Title:	SALINAS, CAR 1703 BENTLE' KISSIMMEE, F	Y BLVD		
Name: Address: City-St-Zip:	LAGOS, LUIS O 114 NEWHAMF KISSIMMEE, FL	WAY	Name: Address: City-St-Zip:	LAGOS, LUIS ( 114 NEWHAMI KISSIMMEE, F	O F WAY		
Title: Name: Address: City-St-Zip:	V () ESCOBEDO, SA 1703 BENTLEY KISSIMMEE, FL	BLVD	Title: Name: Address: City-St-Zip:	VP (X ESCOBEDO, S 1703 BENTLE' KISSIMMEE, F	Y BLVD		

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CARLOS A. SALINAS PRES 04/29/2008

() Delete

( ) Change (X) Addition

HERNANDEZ, ALEXANDER

ORLANDO, FL 32811 US

4973 CASON COVE DR. APT. # 528