## ~ 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 11, 2008 08:00 AN **DOCUMENT # P06000070576 Secretary of State** PURÉ COLORS PAINTING, INC. Principal Place of Business Mailing Address 2215 29TH AVE. W. 2215 29TH AVE. W. BRADENTON, FL 34205 BRADENTON, FL 34205 CR2E034 (11/05) 01222008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4909525 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PADGETT BUSINESS SERVICES DO NOT WRITE 5540 BEE RIDGE RD. SARASOTA, FL 34233 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Bo FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MATALLANA, MAURICIO NAME STREET ADDRESS 2215 29TH AVENUE WEST BRADENTON, FL 34205 CITY-ST-ZIP TITLE 000000821685 02/19/08-80037-003 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE

STREET ADDRESS CITY-ST-ZIP

SHATURE AND TYPED OR PRINTED NAME OF EIGHING OFFICER OR DIRECTOR

2/7/08

741 750 3682

FILED

Daytime Phone #