


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90025 045 ***150.00

DOCUMENT # P06000070867													
1. Entity Name ELITE PAINTING AND PRESSURE CLEANING, INC.													
Principal Place of Business 656 NW 157 AVE PEMBROKE PINES, FL 33028			Mailing Address 656 NW 157 AVE PEMBROKE PINES, FL 33028										
2. Principal Place of Business - No P.O. Box # 581 NW 158th AVE		3. Mailing Address 581 NW 158th AVENUE											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL		4. FEI Number 22-3933170									
Zip 33028		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name DONALD ALLEN</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 581 NW 158th AVENUE</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City PEMBROKE PINES, FL 33028</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Zip Code 33028</td> </tr> </table>			Name DONALD ALLEN		Street Address (P.O. Box Number is Not Acceptable) 581 NW 158th AVENUE		City PEMBROKE PINES, FL 33028		Zip Code 33028	
Name DONALD ALLEN													
Street Address (P.O. Box Number is Not Acceptable) 581 NW 158th AVENUE													
City PEMBROKE PINES, FL 33028													
Zip Code 33028													
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>													
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 PSTD NAME ALLEN, DONALD STREET ADDRESS 3 S PIN E ISLAND DR CITY - ST - ZIP PLANTATION, FL 33324	<input type="checkbox"/> Delete		TITLE PSTD NAME ALLEN, DONALD STREET ADDRESS 581 NW 158th AVENUE CITY - ST - ZIP PEMBROKE PINES, FL 33028	<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									
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									



04122008 Chg-P CR2E034 (12/06)

4. FEI Number
22-3933170

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
DONALD ALLEN

Street Address (P.O. Box Number is Not Acceptable)
581 NW 158th AVENUE

City
PEMBROKE PINES, FL 33028

Zip Code
33028

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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
PSTD
NAME
ALLEN, DONALD
STREET ADDRESS
3 S PIN E ISLAND DR
CITY - ST - ZIP
PLANTATION, FL 33324

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #