FILED
May 23, 2007 8:00 am
Secretary of State
04-24-2007 90016 017 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000076240

1. Entity Name
SUAVE PAINT MANUFACTURING CORP.

66016250

Principal Place of Business	Mailing Address
1150 WEST 68TH ST HIALEAH FL 33014	1150 WEST 68TH ST HIALEAH FL 33014

2. Principal Place of Business - No P.O. Box #: 1055 EAST 28 STREET
Suite, Apt. #, etc.
3. Mailing Address: P.O. BOX 133059
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State: Hialeah, FlA 33013 Zip Country
City & State: HiA, FlA 33013 Zip Country

4. FEI Number: 20-4988307 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARCIA, ISMAEL
1150 WEST 68TH ST
HIALEAH FL 33014

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PD GARCIA, ISMAEL 1150 WEST 68TH ST HIALEAH FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #