2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2007 8:00 am
Secretary of State

04-24-2007 90016 017 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P06000076240

1. Entity Name
SUAVE PAINT MANUFACTURING CORP.

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

Mailing Address
1150 WEST 68TH ST
HIALEAH FL 33014

2. Principal Place of Business - No P.O. Box #
1055 EAST 28 STREET
Suite, Apt. #, etc.
City & State
HiAleAh, FlA 33013
Zip Country

3. Mailing Address
P. O. Box 133059
Suite, Apt. #, etc.
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 consenting) 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

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	☐ Delete
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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 Title Daytime Phone #