

FILED
May 24, 2007 8:00 am
Secretary of State

05-02-2007 90095 019 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000078535 1. Entity Name RESTORE PAINTING AND WATERPROOFING, INC.			
Principal Place of Business 1323 S. 30TH AVENUE HOLLYWOOD, FL 33020 US		Mailing Address 1323 S. 30TH AVENUE HOLLYWOOD, FL 33020 US	
2. Principal Place of Business - No P.O. Box # 3149 John P. Curci Dr. Suite, Apt. #, etc. Bay # 3		3. Mailing Address 3149 John P. Curci Dr. Suite, Apt. #, etc. Bay # 3	
City & State Pembroke Park FL		City & State Pembroke Park FL	
Zip 33009		Zip 33009	
Country Broward		Country Broward	
4. FEI Number 20-5004919		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARNAIZ, NORGE 1323 S. 30TH AVENUE HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name Norge Arnaiz Street Address (P.O. Box Number is Not Acceptable) 3149 John P. Curci Dr Bay # 3 City Pembroke Park FL Zip Code 33009	
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: <u><i>Norge Arnaiz</i></u> President 4/26/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 V. D <input type="checkbox"/> Delete NAME ARNAIZ, NORGE STREET ADDRESS 1323 S. 30TH AVENUE CITY-ST-ZIP HOLLYWOOD, FL 33020	TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Norge Arnaiz STREET ADDRESS 3149 John P. Curci Dr Bay #3 CITY-ST-ZIP Pembroke Park FL 33009	TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Blas Puentes STREET ADDRESS 3149 John P. Curci Dr. Bay #3 CITY-ST-ZIP Pembroke Park FL 33009	TITLE --- <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME --- STREET ADDRESS --- CITY-ST-ZIP ---
TITLE --- <input type="checkbox"/> Delete NAME --- STREET ADDRESS --- CITY-ST-ZIP ---	TITLE --- <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME --- STREET ADDRESS --- CITY-ST-ZIP ---	TITLE --- <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME --- STREET ADDRESS --- CITY-ST-ZIP ---	TITLE --- <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME --- STREET ADDRESS --- CITY-ST-ZIP ---
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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: <u><i>Norge Arnaiz</i></u> President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-26-07 305796-7239 <small>Date Daytime Phone #</small>	

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