2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2008 08:00 A Secretary of State **DOCUMENT # P06000080370** 1. Entity Name M & T FL PAINTING CO Principal Place of Business Mailing Address **608 WECHSLER CR 608 WECHSLER CR** ORLANDO, FL 32824 ORLANDO, FL 32824 FL No Chg-P CR2E034 (11/05) 04142008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 20-5028893 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARRIDO, MARCELO DO NOT WRITE 6302 ROYAL OAK DR ORLANDO, FL 32809 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. 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) <u>U</u>QQQQQQ902114 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/29/08-80096-001 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE GARRIDO, MARCELO NAME STREET ADDRESS 6302 ROYAL OAK DR CITY-ST-ZIP ORLANDO, FL 32809 TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITEF NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SHATVIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/08 Date

321-388-1824

FILED