

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90075 003 \*\*\*150.00

<b>DOCUMENT # P06000093898</b> 1. Entity Name <b>PERDOMO'S PAINTING INC.</b>					
Principal Place of Business <b>11460 DARLINGTON DR. ORLANDO, FL 32837</b>			Mailing Address <b>11460 DARLINGTON DR. ORLANDO, FL 32837</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">40046324</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>03302007</span> <span>Chg-P</span> <span>CR2E034 (12/06)</span> </div>	
City & State Zip		City & State Zip		4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">20-5177591</div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PERDOMO, JUAN C. 11460 DARLINGTON DR. ORLANDO, FL 32837</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
8. I, the above named entity, submit 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>PERDOMO, JUAN C. 11460 DARLINGTON DR. ORLANDO, FL 32837</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: X</b>			<b>Juan C. Perdomo</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>03.30.07</b> Daytime Phone # <b>407.489-1354</b>		