

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000095982

FILED
Jan 12, 2009
Secretary of State

Entity Name: THE PAINTED LADIES OF CORAL GABLES, INC.

Current Principal Place of Business:

231 ARAGON AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

231 ARAGON AVE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-5250680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENUNZIO, JR., ARTHUR G
231 ARAGON AVE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DENUNZIO, ELISSA
Address: 1000 N HIATUS RD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: DENUNZIO, ARTHUR
Address: 1000 N HIATUS RD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: PATO, BONNIE
Address: 1000 N HIATUS RD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: PATO, MANUEL
Address: 1000 N HIATUS RD
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DENUNZIO, ELISSA
Address: 231 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: DENUNZIO, ARTHUR
Address: 231 ARAGON AVE
City-St-Zip: CORAL GABLES, FL., FL 33134

Title: D (X) Change () Addition
Name: PATO, BONNIE
Address: 231 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: PATO, MANUEL
Address: 231 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A.G.DENUNZIO

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date