

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90028 034 ***150.00

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05152007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000101810					
1. Entity Name PAINT MASTER OUTLET INC.					
Principal Place of Business 1050 W 68 ST HIALEAH, FL 33014		Mailing Address 1050 W 68 ST HIALEAH, FL 33014			
2. Principal Place of Business - No P.O. Box # 1055 E 28 ST		3. Mailing Address 1055 E 28 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HIALEAH, FL		City & State HIALEAH, FL		4. FEI Number 20-5329221	
Zip 33013		Country U.S.		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GARCIA, ISMAEL 1050 W 68 ST HIALEAH, FL 33014			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
1055 E 28 ST			1055 E 28 ST		
City HIALEAH			City HIALEAH		Zip Code 33013
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>Ismael Garcia</u> ISMAEL GARCIA PRESIDENT 5-16-07					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, ISMAEL		NAME		
STREET ADDRESS	1050 W 68 ST		STREET ADDRESS	1055 E 28 ST	
CITY-ST-ZIP	HIALEAH, FL 33014		CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Ismael Garcia</u> ISMAEL GARCIA 5-16-07 786-897-1945					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					