## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

CICMATUDE.

## Apr 24, 2007 8:00 am Secretary of State DOCUMENT # P06000110547 04-24-2007 90007 021 \*\*\*150.00 AML PAINTING CONTRACTORS, INC Mailing Address Principal Place of Business 9143 SW 77 AVE 9143 SW 77 AVE 4 MM LOOPA #B-410 #B-410 MIAMI, FL 33152 MIAMI, FL 33152 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 565484 7700 CAMINO REGI ' 0 Box Suite, Apt. #, etc. Suite, Apt. #, etc 01232007 CR2E034 (12/06) Chq-P # D101 City & State City & State 4. FEI Number Applied For $m_Iam_I$ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LONDONO, HUGO ALEX Street Address (P.O. Box Number is Not Acceptable) 9143 SW 77 AVE #B-410 Camino Real MIAMI, FL 33156 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Delete TITLE TITLE ☐ Change ☐ Addition ondono, HUBO Alex LONDONO, HUGO ALEX NAME NAME 7700 CAMINO Real # DIOI 9143 SW 77 AVE, #B-410 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP miami FL 33143 STD TITLE ☐ Defete TITLE ☐ Change ☐ Addition ondono Monica NAME LONDONO, MONICA NAME 7700 CAMINO Real # DIOI STREET ADDRESS 9143 SW 77 AVE, #B-410 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP MIAMI 71 33143 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP 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.

FILED