

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90078 025 \*\*\*150.00

DOCUMENT # P06000122203		
1. Entity Name TRISTAN PAINTING ENTERPRISES, INC.		

Principal Place of Business 1837 SOUTH STATE ROAD 7 FORT LAUDERDALE, FL 33317	Mailing Address 1837 SOUTH STATE ROAD 7 FORT LAUDERDALE, FL 33317
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2. Principal Place of Business - No P.O. Box # 11401 NW 20 <sup>th</sup> Ct	3. Mailing Address 11401 NW 20 <sup>th</sup> Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PLANTATION FL	City & State PLANTATION FL
Zip 33323	Zip 33323
Country U.S.A.	Country U.S.A.

40124310



07062007 Chg-P CR2E034 (12/06)

4. FEI Number 20-8040270	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOODNAUTH, DEOCHAND 1837 SOUTH STATE ROAD 7 FORT LAUDERDALE, FL FL	
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7. Name and Address of New Registered Agent Name DOODNAUTH, DEOCHAND Street Address (P.O. Box Number is Not Acceptable) 11401 NW 20 <sup>th</sup> Ct City PLANTATION FL Zip Code 33323	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S DOODNAUTH, DEOCHAND 1837 SOUTH STATE ROAD 7 FORT LAUDERDALE, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOODNAUTH DEOCHAND <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11401 NW 20 <sup>th</sup> COURT PLANTATION FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: D Deochand PRESIDENT 7.05.07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #