


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90389 023 ***150.00

DOCUMENT # P06000124896 1. Entity Name C & P PAINTING CORPORATION					
Principal Place of Business 1520 NW 70TH TERRACE HOLLYWOOD, FL 33024 US			Mailing Address 1520 NW 70TH TERRACE HOLLYWOOD, FL 33024 US		
2. Principal Place of Business, No P.O. Box # 1520 NW 70th terr Suite, Apt. #, etc.		3. Mailing Address 1520 NW 70th terr Suite, Apt. #, etc.			
City & State Hollywood, FL Zip Country 33024 U.S.A.		City & State Hollywood, FL Zip Country 33024 U.S.A.		4. FEI Number 20-5649177 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04252008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CASTANO, CESAR 1520 NW 70TH TERRACE HOLLYWOOD, FL 33024			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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><i>Cesar Castano</i></u> DATE: <u>04/25/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTANO, CESAR 1520 NW 70TH TERRACE HOLLYWOOD, FL 33024 <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	VP VALENCIA, PATRICIA O 1520 NW 70TH TERRACE HOLLYWOOD, FL 33024 <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.					
SIGNATURE: <u><i>Cesar Castano</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>04/25/08</u> <small>Date Daytime Phone #</small>		

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