


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P06000128508	
1. Entity Name SAMY REFINISHING SPECIALIST INC.	

Principal Place of Business 5360 NW 180 TERR MIAMI GARDENS FL 33055	Mailing Address 5360 NW 180 TERR MIAMI GARDENS FL 33055
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 51-0605125	Applied For <input type="checkbox"/> Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required							
<table border="1"> <tr> <td>6. Name and Address of Current Registered Agent</td> <td>7. Name and Address of New Registered Agent</td> </tr> <tr> <td rowspan="4">PEREZ, SAMUEL 5380 NW 180 TERR MIAMI GARDENS FL 33055</td> <td>Name</td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>City</td> </tr> <tr> <td>State Zip Code FL</td> </tr> </table>		6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	PEREZ, SAMUEL 5380 NW 180 TERR MIAMI GARDENS FL 33055	Name	Street Address (P.O. Box Number is Not Acceptable)	City	State Zip Code FL
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent							
PEREZ, SAMUEL 5380 NW 180 TERR MIAMI GARDENS FL 33055	Name							
	Street Address (P.O. Box Number is Not Acceptable)							
	City							
	State Zip Code FL							

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 _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, SAMUEL	NAME	
STREET ADDRESS	5360 NW 180 TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI GARDENS FL 33055	CITY-ST-ZIP	U000000861021 04/02/08-80085-016 150.00
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/08 - 305-7785391
Date Day: the Phone #