2008 FOR PROFIT CORPORATION ANNUAL REPORT



Country Country Country S. Certificate of Status Desired Se. 75 Additional Fee Required Se. 75 Additional Fee Required Se. 71 Additional Fee Required Se. 71 Additional Fee Required Se. 71 Additional Fee Required Section Sect	DOCUMENT # P06000157339 1. Entity Name VIERA FLOORING & PAINTING SERVICES, INC.					()4-10-2008 90	0 0026 045	***150.	00
Suite, Apil. 4, etc. City & State City & State City & State City & State Country Countr	8517 WOODALL CT.		8517 WOODALL CT.				T) ((186) 18 18 187		 	
City & State Street Address of Nort Registered Agent City & State City & State City & State City & State Street Address (P.O. Box Nutriber is Not Acceptable) City & State City	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Zip Country Zip Country S. Certificate of Status Desired S. S. T. Additional Fee Required Agent To Name and Address of Current Registered Agent Name and Address of Current Registered Agent To Name and Address of Name Registered Agent Name Name Name Name Name Name Name Name	Suite, Apt. #, etc.				04032008	Chg-P	CR2E03	4 (12/06)		
S. Certificate of Status Desired Fee Required F							743		<u> </u>	oplied For ot Applicable
DUPERON, LUIS 7108:38TH AVE. S 7108:38TH	Zip 			Country					ee Require	
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S. 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 accidented agent and steel applications of registered agent. Or both, in the State of Florida. I am familiar with, and accidented agent and steel applications. SIGNATURE Soprature, hoped or printed name of replaced agent and steel application. FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VIERA, FREDIS L 8517 WOODALL CT. TAMPA, FL 33615 CITY-ST-2IP TITLE STEET ADDRESS CITY-ST-2IP TITLE STAMPA, FL 33615 TITLE OBelete TITLE MAME STREET ADDRESS CITY-ST-2IP TITLE MAME STREET ADDRESS CITY-ST-2IP TITLE OBelete TITLE MAME STREET ADDRESS CITY-ST-2IP TITLE OBelete TITLE OBELET ADDRESS CITY-ST-2IP TITLE OBEL	7108:36TF	AVE. S	Street Addres		Street Address (P.O. Box Number	is Not Acceptable	1)		
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 l'armitiar with, and acc the obligations of registered agent. SIGNATURE Signature, tipsed or printer name of registered agent and site it applicable. (MOTE Registered Agent synature required when renstaing) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P VIERA, FREDIS L STREET ADDRESS CITY-ST-ZIP TITLE VP Delete TITLE VP TAMPA, FL 33615 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TO Change Add Change Add TITLE TO Change Add TITLE TO Change Add TITLE TO Change Add TO Change Add TO Change Add TO Change Add TO Ch					City			FL	Zip Cod	e
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After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.	SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent signature required	when reinstating)		DATE		
TITLE NAME VIERA, FREDIS L STRET ADDRESS CITY-ST-ZIP NAME VIERA, YOANDY STREET ADDRESS CITY-ST-ZIP TITLE NAME VIERA, YOANDY STREET ADDRESS CITY-ST-ZIP TITLE NAME VIERA, YOANDY STREET ADDRESS CITY-ST-ZIP TITLE STRET ADDRESS CITY-ST-ZIP TITLE NAME VIERA, YOANDA STREET ADDRESS CITY-ST-ZIP TITLE NAME VIERA, YOLANDA STREET ADDRESS CITY-ST-ZIP TITLE NAME VIERA, YOLANDA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						.00 May Be ed to Fees			,	
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NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of the contained in Chapter 119, Florida Statutes. I further certify that the information of the contained in Chapter 119, Florida Statutes. I further certify that the information of the contained in Chapter 119, Florida Statutes. I further certify that the information of the contained in Chapter 119, Florida Statutes. I further certify that the information of the contained in Chapter 119, Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP	and it, that the information account		NAME STREE CITY-	T ADDRESS ST-ZIP	Lin Chapter 110	Slarida Statutas			Addition

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 ame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #