FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90015 009 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000034468

1. Entity Name
DAVAL PAINTING CORP.

Principal Place of Business	Mailing Address
833 SW 11 ST MIAMI, FL 33130	833 SW 11 ST MIAMI, FL 33130

02152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box		3. Mailing Address	
81 N.W. 30 st.		81 N.W. 30 st.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami FL		City & State: Miami FL	
Zip: 33129	Country: USA	Zip: 33129	Country: USA

4. FEI Number: 20-8680812 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDIVIA, DANTE
833 SW 11 ST
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name: Valdivia, Dante
Street Address (P.O. Box Number is Not Acceptable): 81 N.W. 30 st.
City: Miami FL Zip Code: 33129

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] DATE: 2/15/08

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VALDIVIA, DANTE 833 SW 11 ST MIAMI, FL 33130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Dante Valdivia 81 N.W 30 st. Miami FL 33129	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 2/15/08 786-277-6984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #