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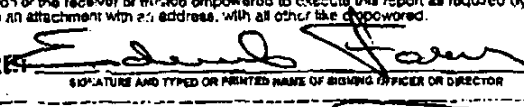
LASHBROOK

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FILED
Mar 10, 2008 8:00 am
Secretary of State

02-18-2008 90016 011 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 000034919			
1. Entry Name FARINA REMODELING, INC.			
Principal Place of Business 120 LAKEVIEW DRIVE #114 WESTON, FL 33326 US		Mailing Address 120 LAKEVIEW DRIVE #114 WESTON, FL 33326 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent FARINA, EDUARDO 120 LAKEVIEW DRIVE #114 WESTON, FL 33326		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		9. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
SIGNATURE _____		DATE _____	
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FARINA, EDUARDO 120 LAKEVIEW DRIVE #114 WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARINA, EDUARDO 120 LAKEVIEW DRIVE #114 WESTON, FL 33326 ☐ 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 appearing 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 as changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE 		02/14/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Mo/Yr	