

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000060821

FILED
Jul 17, 2009
Secretary of State

Entity Name: TRUE COLORS PAINTING & BLINDS, INC.

Current Principal Place of Business:

22516 SW 94 PLACE
MIAMI, FL 33190 US

New Principal Place of Business:

21953 SW 97TH PLACE
CUTLER BAY, FL 33190 US

Current Mailing Address:

22516 SW 94 PLACE
MIAMI, FL 33190 US

New Mailing Address:

21953 SW 97TH PLACE
CUTLER BAY, FL 33190 US

FEI Number: 26-0256909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELGADO, PABLO L
22516 SW 94 PLACE
MIAMI, FL 33190 US

Name and Address of New Registered Agent:

DELGADO, PABLO L
21953 SW 97TH PLACE
CUTLER BAY, FL 33190 US

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.

SIGNATURE:

07/17/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELGADO, PABLO L
Address: 22516 SW 94 PLACE
City-St-Zip: MIAMI, FL 33190 US

Title: VP () Delete
Name: DELGADO, ANASTASYA
Address: 22516 SW 94 PLACE
City-St-Zip: MIAMI, FL 33190 US

Title: SEC () Delete
Name: DELGADO, ANASTASYA
Address: 22516 SW 94 PLACE
City-St-Zip: MIAMI, FL 33190 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DELGADO, PABLO L
Address: 21953 SW 97TH PLACE
City-St-Zip: CUTLER BAY, FL 33190 US

Title: VP (X) Change () Addition
Name: DELGADO, ANASTASYA
Address: 21953 SW 97TH PLACE
City-St-Zip: CUTLER BAY, FL 33190 US

Title: SEC (X) Change () Addition
Name: DELGADO, ANASTASYA
Address: 21953 SW 97TH PLACE
City-St-Zip: CUTLER BAY, FL 33190 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PABLO L DELGADO

P

07/17/2009

Electronic Signature of Signing Officer or Director

Date