2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P07000086499

Entity Name: AMPM PAINTING, CORP.

Current Principal Place of Business:

10285 SLEEPY BROOK WAY
BOCA RATON, FL 33428 US

New Principal Place of Business:

11525 SW 66TH AVE
BOCA RATON, FL 33428 US

Current Mailing Address:

10285 SLEEPY BROOK WAY
BOCA RATON, FL 33428 US

New Mailing Address:

11525 SW 66TH AVE
BOCA RATON, FL 33428 US

FEI Number: 26-0624920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUNHA, LUIS M
10285 SLEEPY BROOK WAY
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

CUNHA, LUIS M
11525 SW 66TH AVE
BOCA RATON, FL 33428 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: LUIS M CUNHA 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CUNHA, LUIS M
Address: 10285 SLEEPY BROOK WAY
City-St-Zip: BOCA RATON, FL 33428 US

Title: VP ( ) Delete
Name: SOUZA, ARLEILTON M
Address: 10285 SLEEPY BROOK WAY
City-St-Zip: BOCA RATON, FL 33428 US

Title: S ( ) Delete
Name: SILVA, IURE C
Address: 10285 SLEEPY BROOK WAY
City-St-Zip: BOCA RATON, FL 33428 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CUNHA, LUIS M
Address: 11525 SW 66TH AVE
City-St-Zip: BOCA RATON, FL 33428 US

Title: VP (X) Change ( ) Addition
Name: SOUZA, ARLEILTON M
Address: 11525 SW 66TH AVE
City-St-Zip: BOCA RATON, FL 33428 US

Title: S (X) Change ( ) Addition
Name: SILVA, IURE C
Address: 11525 SW 66TH AVE
City-St-Zip: BOCA RATON, FL 33428 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: LUIS M CUNHA PD 04/30/2009
Electronic Signature of Signing Officer or Director Date