
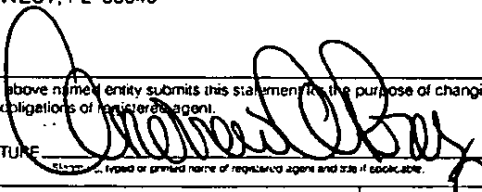
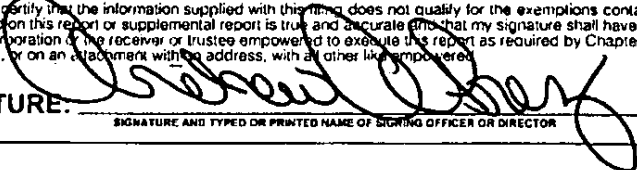


**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90178 003 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

5/

DOCUMENT # P07000089534			
1. Entity Name PEREZ PAINTING SERVICES INC.			
Principal Place of Business 1213 GLYNN R ARCHER JR. DR. LOT 272 KEY WEST, FL 33040		Mailing Address 1213 GLYNN R ARCHER JR. DR. LOT 272 KEY WEST, FL 33040	
2. Principal Place of Business - No P.O. Box # 1213 14th Street		3. Mailing Address	
Suite, Apt. #, etc. 272		Suite, Apt. #, etc. SAME	
City & State Key West FL		City & State SAME	
Zip 33040		Country	
4. EIN Number 83-0486450		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, ANDREW A 1213 GLYNN R ARCHER JR. DR. LOT 272 KEY WEST, FL 33040		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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, the registered agent.			
SIGNATURE 		DATE 4/30/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P PEREZ, ANDREW A 1213 GLYNN R ARCHER JR. DR. LOT 272 KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PEREZ, CATHERINE E 1213 GLYNN R ARCHER JR. DR. LOT 272 KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 		DATE 4/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

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4/30/08

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