

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000106173

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: ORIZRIVAS PAINTING CORP.

## Current Principal Place of Business:

3500 N.W. 18TH AVENUE #903  
MIAMI, FL 33142

## New Principal Place of Business:

3721 SW 104 CT  
MIAMI, FL 33165

## Current Mailing Address:

3500 N.W. 18TH AVENUE #903  
MIAMI, FL 33142

## New Mailing Address:

3721 SW 104 CT  
MIAMI, FL 33165

FEI Number: 26-1139797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORIZONDO CABANAS, ALINA  
3500 N.W. 18TH AVENUE #903  
MIAMI, FL 33142 US

## Name and Address of New Registered Agent:

ORIZONDO CABANAS, ALINA  
3721 SW 104 CT  
MIAMI, FL 33165 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: ALINA ORIZONDO CABANAS

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ORIZONDO CABANAS, ALINA  
Address: 3500 N.W. 18TH AVENUE #903  
City-St-Zip: MIAMI, FL 33142

Title: VP ( ) Delete  
Name: RIVAS, ERNESTO J  
Address: 3500 N.W. 18TH AVENUE #903  
City-St-Zip: MIAMI, FL 33142

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ORIZONDO CABANAS, ALINA  
Address: 3721 SW 104 CT  
City-St-Zip: MIAMI, FL 33165

Title: VP (X) Change ( ) Addition  
Name: RIVAS, ERNESTO J  
Address: 3721 SW 104 CT  
City-St-Zip: MIAMI, FL 33165

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: ALINA ORIZONDO CABANAS

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date