

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000084348

1. Entity Name  
EAGLE PAINT & BODY, INC.



Principal Place of Business  
7798 W 2ND CT  
HIALEAH, FL 33014 US

Mailing Address  
7798 W 2ND CT  
HIALEAH, FL 33014 US

**DO NOT WRITE IN THIS SPACE**

**FILED  
Jan 29, 2007 08:00 AM  
Secretary of State**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0564664	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

NARVARTE, MIGUEL A JR.  
7798 W. 2ND COURT  
HIALEAH, FL. 33014

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IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	NARVARTE, MIGUEL A JR.
STREET ADDRESS	7798 W. 2ND COURT
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	<del>President</del>
NAME	<del>MIGUEL A. NARVARTE</del>
STREET ADDRESS	<del>7798 W. 2ND COURT</del>
CITY-ST-ZIP	<del>HIALEAH, FL</del>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000605888  
01/30/07-80056-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Miguel A. Narvarte* *Jan 1-24-07* *305-3625844*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #