2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000029622

1. Entity Name

EAGLE REFINISHING SUPPLIES INC.



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

10233 S.W. 143RD AVE. MIAMI, FL 33186 US Mailing Address

10233 S.W. 143RD AVE. MIAMI, FL 33186 US



DO NOT WRITE IN THIS SPACE

03102008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-0588473 Not Applied For Not Applicable

5. Continue of Status Positron Positron Status Positron Status Positron Status Positron Positron Positron Status Positron Pos

5. Certificate of Status Desired

Pee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

PORTOCARRERO, ROBERTO 10233 S.W. 143RD AVE. MIAMI, FL 33186

SIGNATURE: _

DO NOT WRITE 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. 1 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, 2008 Fee will be \$550.00		 Election Campaign Finan Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PORTOCARRERO, ROBERTO 10233 S.W. 143RD AVE. MIAMI, FL				7 <u>70000</u> 0955581
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD PORTOCARRERO, LYLLIAM 10233 S.W. 143RD AVE. MIAMI, FL		:		05/15/08-80055-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS CITY-ST-ZIP					
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 Statutos, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other three empowered.					