


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000003988</b> 1. Entity Name <b>OSVALDO RODRIGUEZ PAINTING, CORP.</b>	
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Principal Place of Business

120 ROYAL PALM  
#309 BLDG # 2  
HIALEAH, FL 33016

Mailing Address

120 ROYAL PALM  
#309 BLDG #2  
HIALEAH, FL 33016



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0632893</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

RODRIGUEZ, OSVALDO  
120 ROYAL PALM  
APT 309 BLDG #2  
HIALEAH, FL 33016

**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. 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 reinstalling) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	RODRIGUEZ, OSVALDO
STREET ADDRESS	120 ROYAL PALM #316
CITY - ST - ZIP	HIALEAH, FL
TITLE	VP
NAME	RODRIGUEZ, REINALDO
STREET ADDRESS	10090 SW 80 CT
CITY - ST - ZIP	HIA GRDS, FL 33016
TITLE	S
NAME	RODRIGUEZ, ROBERTO
STREET ADDRESS	650 EAST 24TH STREET
CITY - ST - ZIP	HIALEAH, FL 33017
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/01/05-80062-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #