

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Sep 08, 2008 8:00 am
Secretary of State

08-04-2008 90034 028 ***150.00
09-08-2008 90001 018 ***400.00

DOCUMENT # P96000035589 1. Entity Name ZAIDO'S PAINTING COMPANY					
Principal Place of Business 1200 NE 161 ST MIAMI, FL 33162			Mailing Address 1200 NE 161 ST MIAMI, FL 33162		
2. Principal Place of Business - No P.O. Box # <i>SAME as above</i>		3. Mailing Address <i>Same as above</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 65-0759411	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAJARA, ZAIDO 1200 NE 161 ST MIAMI, FL 33162				7. Name and Address of New Registered Agent Name <i>none</i> Street Address (P.O. Box Number is Not Acceptable) 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 registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		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 LAJARA, ZAIDO 1200 NE 161 ST MIAMI, FL 33162	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date _____ Daytime Phone # (305) 773-3640	

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