2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2007 8:00 am Secretary of State

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DOCUMENT # P9700082261 1. Entity Name THE O.J. PAINTING & WATERPROOFING COMPANY					02-15-2007 90041 020 ***150.00			
Principal Place of Business Mailing Address						# n n ·	1 HAAA	
8571 SW 27TH TERR MIAMI, FL 33155		8571 SW 27TH TERR MIAMI, FL 33155		40017806				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242007	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Number Applied F 65-0783301 Not Applie		oplied For ot Applicable	
Zip	Country	Zip	Zip Count		5. Certificate of	of Status Desired	□ \$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Agent	
				Name				
ALEXANDER, OJEDA 8571 SOUTHWEST 27TH TERRACE MIAMI, FL 33155				Street Address (P.O. Box Number is Not Acceptable)				
				City			E1 Zip Coo	ie .
8. The above	named entity submits this statement for	or the purpose of changin	ng its registere		ered agent, or boti	n, in the State of F	Lr	
_	ions of registered agent.							
SIGNATURE_	Signature, typed or printed name of registered after	Land title if applicable	(NOTE Registere	d Agent lightature requir	red when reinstating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00— ay 1, 2007 Fee will be \$550	9. Election Ca	impaign Finai Contribution.		5.00 May Be dded to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	IS IN 11
MILL	PSTD Delete INC						☐ Change	Addition
NAME	OJEDA, ALEXANDER		٤			_ ,		
STREET ADDRESS	S 8571 SOUTHWEST 27TH TERRACE SIR			ET ADDRESS				
CITY ST ZIP	T ZIP MIAMI, FL 33155			ST-ZIP				
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAM STRE				☐ Change	Addition
CITY - S1 - ZIP			CITY	SI-ZIP				
THILE NAME STREET ADDRESS CHY-SHIZEP		☐ Deteie					☐ Change	☐ Addition
NAME STREET ADDRESS CITY ST ZIP		☐ Delete					☐ Change	Addition
HITEE NAME STREET ADDRESS CITY ST-ZIP		☐ Delote	TITLE NAM SIRE	Ε			☐ Change	Addition
MILE MAIME STREET ADDRESS CITY ST-ZIP		☐ Delete	CITY	ET ADDRESS	adi: Ob	Flatin On a constitution	☐ Change	Addition
 i.z. i nereby č 	certify that the information supplied wit	o unis mino does not qua'	my for the exe	emblions contain	ea in Unabler 119	-Fiorida Statutes	I lurther certity that the i	mormation

12. Thereby certily 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 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: <

Malon Diecla SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR -2/12/07

-305-431-404

Daytime Phone #