

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000097777 1. Entity Name MAYITA PAINTING CORPORATION	
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Principal Place of Business

485 NE 111 ST.
MIAMI, FL 33161

Mailing Address

PO BOX 530558
MIAMI, FL 33153



04092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0794974	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUEVARA, ALBERTO
485 NE 111 ST.
MIAMI, FL 33161

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

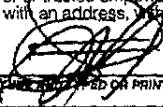
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GUEVARA, RENE G 3401 S.W. 18TH STREET MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GUEVARA, ALBERTO 485 NE 111ST MIAMI, FL 33161
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04/29/05-80063-001 150.00

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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)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____ Date **4-9-05** Daytime Phone # _____
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR