2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED ANNUAL REPORT (AR) May 01, 2008 08:00 AN Secretary of State DOCUMENT # P98000048130 PROFESSIONAL CUSTOM PAINTING, INCORPORATED Principal Place of Business Mailing Address 1466 N.E. 178TH STREET NORTH MIAMI BEACH FL 33162 1466 N.E. 178TH STREET NORTH MIAMI BEACH FL 33162 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0843731 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BONORA, ANA C Street Address (P.O. Box Number is Not Acceptable) 1466 N.E. 178TH STREET NORTH MIAMI BEACH FL 33162 City Zip Code FI 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 Hame of registered agent and title if applicable. (NOTE: Registered Agent eighbturn required whon reinsthang) DATE FILE NOW!!! FEE'IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition Derete TITLE BONORA, ANA C NAME NAME STREET ADDRESS 1466 NE 178 ST. STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE U000000940469 BONORA, FRANCESCO 05/28/08-80068-013 150.00 1466 NE 178 ST. STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Darete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Deiete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-S1-70

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that ny 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 emprowered 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 agoriess, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND FIFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deicle

1 | 25 | 08 | 305)297-8344

☐ Change

☐ Addition