
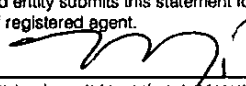
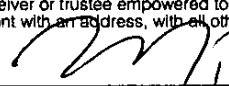


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90058 006 ***150.00

DOCUMENT # P99000090652 1. Entity Name PRO-MAX PAINT & TEXTURE CORP.					
Principal Place of Business 15430 SW 77TH AVENUE MIAMI, FL 33157			Mailing Address 15430 SW 77 AVENUE MIAMI, FL 33157		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 12355 SW 129th Ct #8			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami Florida		4. FEI Number 65-1005812	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33180		Country		01152007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent TOWER, MAXIMILIAN M 15430 SW 77 AVENUE MIAMI, FL 33157				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 4/23/07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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	DP TOWER, MAXIMILIAN 15430 SW 77 AVENUE MIAMI, FL 33157		<input type="checkbox"/> Delete		
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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: 				DATE 4/23/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	