2006 FOR PROFIT CORPORATION

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 03, 2006 8:00 am Secretary of State ANNUAL REPORT... DOCUMENT # S04571 04-03-2006 90392 014 ***150.00 1. Entity Name G.& G. PAINT & FLOOR SERVICES, INC. Principal Place of Business Mailing Address 60023613 10910 S.W. 149TH PLACE 10910 S.W. 149TH PLACE MIAMI, FL 33196 MIAMI, FL 33196 2. Principal Place of Business 3. Mailing Address 10910 SW 149 Pl. 10910 SW 149 PA. Suite, Apt. #, etc. Suite, Apt. #, etc. 03162006 Chg-P CR2E034 (11/05) City & State . City & State . 4. FEI Number Applied For HIami MIami 65-0222619 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33196 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent None GOMEZ, GLORIA A Street Address (P.O. Box Number is Not Acceptable) 10910'S.W. 149TH PLACE MIAMI, FL 33196 City 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. Gomes (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE;IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITE ☐ Delete TITLE Change ☐ Addition GOMEZ, GLORIA A. NAME NAME STREET ADDRESS 10910 S.W. 149TH PLACE STREET ADDRESS City-St-ZiP MIAMI, FL 33196 CITY-ST-7/P Delete TITLE TITLE □ Change ■ Addition GOMEZ, LUIS NAME NAME STREET ADDRESS 10910 S.W. 149TH PLACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33196 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

3/31/06

Daytime Phone &