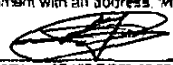


FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90022 029 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S93170			
1. Entity Name A AND G PAINTS & TILES INC			
Principal Place of Business 14202 SW 103 TERR MIAMI, FL 33186		Mailing Address 14202 SW 103 TERR MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	
4. FE Number 0332335		App. Fee For Not Applicable	
5. Certificate of Status Fulfilled ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEGDUVEIA, ISIDRO 10341 SW 142ND CT. MIAMI, FL 33186		7. Name and Address of New Registered Agent Name: DE GOUVEIA, ISIDRO Street Address (P.O. Box Number is Not Acceptable): 14202 SW 103 Tr City: MIAMI FL Zip Code: 33186	
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 name of registered agent and fee payor. (Required) Officer/Registered Agent (Signature required when changing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2018 Fee will be \$850.00		3. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Filing	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEGDUVEIA, ISIDRO 10341 SW 142ND CT. MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE GOUVEIA, ISIDRO 14202 SW 103 Tr MIAMI, FL 33186 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not contradict the information 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:  PRESIDENT		3-11-08 (305) 383-7473	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE	