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

40048365

Principal Place of Business	Mailing Address
14202 SW 103 TERR MIAMI, FL 33186	14202 SW 103 TERR MIAMI, FL 33186

02/2008 Chg: CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

4. FEI Number
65-0332335

Application For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEGOUVEIA, 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 title if applicable. Date: Required when signing

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund (Yes/Rule) ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEGOUVEIA, ISIDRO 10341 SW 142ND CT. MIAMI, FL 33186	☐ Delete	PD DE GOUVEIA, ISIDRO 14202 SW 103 TR MIAMI, FL 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: PRESIDENT 3-11-08 (305) 383-7473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #