## **FILED** 2007 FOR PROFIT CORPORATION ANNUAL REPORT Feb 05, 2007 08:00 AM **Secretary of State** DOCUMENT # P04000009643 1. Entity Name THREE NATIONS TWO PLASTERING INC. Principal Place of Business Mailing Address 1851 SW 75 AVE. RD 1851 SW 75 AVE. RD MIAMI, FL 33155 MIAMI, FL 33155 01232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0598349 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAZ, JOSE T DO NOT WRITE 1851 SW 75 AVE. RD MIAMI, FL 33155 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000623571 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 02/13/07-80072-002 150.00 10. OFFICERS AND DIRECTORS PΠ TITLE DIAZ, JOSE T NAME STREET ADDRESS 1851 SW 75 AVE, RD CITY-ST-ZIP MIAMI, FL 33155 TITLE

DO NOT WRITE
IN THIS SPACE

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: \_

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06 (786)247-0256

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