## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT #F21432 Aug 18, 2008 08:00 AM Secretary of State 1. Entity Name BENULIS-STARR PLASTERING, INC. Principal Place of Business Mailing Address 7886 155TH PLACE N 7886 155TH PLACE N PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 08132008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 59-2051956 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENULIS, JEFFREY L. DO NOT WRITE 7886 155TH PLACE N PALM BEACH GARDENS, FL 33418 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE 1\$ \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 12, 2008 Trust Fund Contribution. corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS PTD TITLE BENULIS, JEFFREY STREET ADDRESS 1886 155TH PLACE N CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 VPSn STARR, WILLIAM NAME STREET ADDRESS 4901 N. 123RD TR. NO. CITY-ST-ZIP ROYAL PALM BEACH, FL TITLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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:

CITY-ST-ZIP

BIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-08

561-719-6478

Daytime Phone #