| 2 | 005 FOR PROFI | r corporati Report | ON | FILED May 04, 2005 8:00 a Secretary of State | am |
|---|---|---|--|---|--------|
| DOCU | MENT # P01000019 | 868 | | 05-04-2005 90155 005 ***150.00 | |
| 1. Entity Nam GOLD CC | DAST PLASTERING & STU | CCO, INC. | | | |
| Principal Place 1815 NW 64 MARGATE, FL | TH WAY | Mailing Address 1815 NW 64TH WAY MARGATE, FL 33063 | | ייייייייייייייייייייייייייייייייייייי | 1 |
| 2. Principal Pl | ace of Business K RDAD, STEC | 3. Mailing Address |). STE 6 | | ļ |
| Suite, Apt. | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | Suite, Apt. #, etc. | | 05012005 Chg-P CR2E034 (10/03) | |
| DEP FI | FID Q | DEED CIEZIO | 2 | 4. FEI Number Applied Fo 65-1083416 Not Applie | |
| Z2211 | \mathcal{L} | | ountry | 5. Certificate of Status Desireo | able |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered Agent | |
| KRIZ, JIM 1815 NW 64TH WAY MARGATE, FL 33063 | | | | (P.O. Box Number is Not Acceptable) | |
| MARGATE | , FL 33003 | | 500 LU | CLEOTAD, STEL | |
| | pamed entity submits this statement fo | the purpose of changing its regi | stered office or register | ered agent, or both, in the State of Florida. I am familiar with, and acc | ept |
| SIGNATURE | Predatine | | SAKRIZ | 4/30/01 | |
| Di | Synahire, speed opprinted name of registered offen: LE NOW!!! FEE IS \$150.00 ue by September 7, 2005 | 9. Election Campaign F Trust Fund Contribut | ion. 🛄 Add | 5.00 May Be In accordance with s. 607.193(2)(b), F.S., th ded to Fees corporation did not receive the prior notice. | .e |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DP KRIZ, TERRI 1815 NW 64TH WAY MARGATE, FL 33063 | | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | Jition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV KRIZ, JIM 1815 NW 64TH WAY MARGATE, FL 33063 | 🗋 Delete | TITLE PRE NAME SDR STREET ADDRESS CITY-ST-ZIP | 55 KR12, JIM Dechange Add DLCK ROAD, STE 6 ERFIELD, PL 33442 | lition |
| TITLE NAME STREET ADDRESS -CITY-ST-ZIP | DT KRIZ, JESSE 1815 NW 64TH WAY MARGATE, FL 33063 | 🗌 Delete | TITLE NAME STREET ADDRESS CITY- ST-ZIP | Change 🛄 Add | tition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS PETERESON, RON 1815 NW 64 WAY MARGATE, FL 33063 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ERSON, RON ERSON, RON FILL RUAN, STEC FIEL N. F. 32142 | tilion |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 🗆 Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Add | dition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 📑 Change 📑 Adu | dition |
| 12. I hereby a indicated of the cor | on this report or supplemental report in poration or the receiver or trustee emp or on an attentment with an address. | a true and accurate and that my s owered to execute this report as r | ignature shall have the equired by Chapter 60 | Section 119.07(3)(i), Florida Statutes. I further certify that the information of same legal effect as if made under oath, that I am an officer or director. Florida Statutes; and that my name appears in Block 10 or Block 1 ABDASS Date Datume Phone # | tor |