

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90026 032 ***158.75

DOCUMENT # P01000042932						
1. Entity Name BRISTOL PLASTERING CORP.						
Principal Place of Business 6034 DEWEY STREET HOLLYWOOD, FL 33023			Mailing Address 6034 DEWEY STREET HOLLYWOOD, FL 33023			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	02032006 Chg-P CR2E034 (11/05)		
4. FEI Number 59-3713225				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
BRISTOL, FERDINAND 6034 DEWEY STREET HOLLYWOOD, FL 33023			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____			
FL			Zip Code			
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME BRISTOL, FERDINAND		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 6034 DEWEY STREET	CITY - ST - ZIP HOLLYWOOD, FL 33023		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP	
TITLE S	NAME BRISTOL, WINIE		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 6034 DEWEY STREET	CITY - ST - ZIP HOLLYWOOD, FL 33023		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP	
TITLE Vice President	NAME JEAN BATICHON		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 420NW 96ST MIAMI FL 33150	CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP	
TITLE Former MANAGER	NAME JEAN LUBENS BLAISE		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 6034 DEWEY ST HOLLYWOOD FL 33023	CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP	
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: <i>Ferdinand Bristol</i>						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
<small>Date</small>						
<small>Daytime Phone #</small>						