

**FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91636 014 \*\*\*150.00

<b>DOCUMENT #</b> P01000047387		<b>Secretary of State</b> 05-28-2002 91636 014 ***150.00	
<b>1. Entity Name</b> K & M. PLASTERING, INC.			
<b>Principal Place of Business</b> 2037 NW 4TH ST MIAMI FL 33125		<b>Mailing Address</b> 2037 NW 4TH ST MIAMI FL 33125	
<b>2. Principal Place of Business</b> 2037 N.W. 4TH.ST. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2037 N.W.4TH.ST Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI, FLORIDA		<b>City &amp; State</b> MIAMI, FLORIDA	
<b>Zip</b> 33125	<b>Country</b> DADE	<b>Zip</b> 33125	<b>Country</b> DADE
<b>6. Name and Address of Current Registered Agent</b>  HENRIQUEZ, JOSE R 2037 NW 4TH ST MIAMI FL 33125		<b>4. FEI Number</b> 82-0557079 <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b> <input checked="" type="checkbox"/> <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input checked="" type="checkbox"/> <b>7. Name and Address of New Registered Agent</b> <b>Name</b> JOSE R. HENRIQUEZ <b>Street Address (P.O. Box Number is Not Acceptable)</b> 2037 N.W. 4TH. ST. <b>City</b> MIAMI, <b>FL</b> <b>Zip Code</b> 33125	
<b>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.</b> <b>SIGNATURE</b> JOSE R. HENRIQUEZ <b>DATE</b> 05/07/2002 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>HENRIQUEZ, JOSE R</b> <b>2037 NW 4TH ST</b> <b>MIAMI FL 33125</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> JOSE R. HENRIQUEZ		<b>DATE</b> 05/07/2002 <b>(305) 649-5611</b>	