

FILED

03 JUN -5 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P02000028272**1. Entity Name
J.R. PLASTERS INC.Principal Place of Business
9915 WEST OKEECHOBEE RD
UNIT 5307
HIALEAH, FL 33016Mailing Address
9915 WEST OKEECHOBEE RD
UNIT 5307
HIALEAH, FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10002068699
06/09/03--01081--015 **158.75☐ CHECK HERE IF MAKING CHANGESCity & State City & State 4. FEI Number Applied For
Not ApplicableZip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

ARROLIGA, JOSE L
9915 WEST OKEECHOBEE RD
UNIT 5307
HIALEAH, FL 33016Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code8. 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 changing) DATE

FILE NOW WITH FEES \$150.00
After May 1, 2003, fee will be \$550.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	ARROLIGA, JOSE L	9915 WEST OKEECHOBEE RD UNIT 5307	HIALEAH, FL 33016				
PD	ROA, IMELDA T	9915 WEST OKEECHOBEE RD UNIT 5307	HIALEAH, FL 33016				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Jose L Arroliga - President 06/01/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR203A (10/02)

20615

June 2, 2003

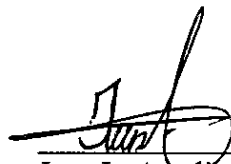
**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

Re: JR Plasterers Document No. : PO2000028272

Ladies and Gentlemen:

I enclose for filing a copy of the Annual Report for the captioned. We have not received the corporate filing for this year and did not realize the it was late. We enclose our check in the amount of \$150.00 and request that you waive the filling penalty.

Thank you,



Jose L. Arreola
President