2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# P02000109943

Entity Name: SAMMY'S PLASTERING, INC.

Current Principal Place of Business:

10935 SOUTHWEST 157TH TERRACE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 970333
MIAMI, FL 33197

New Mailing Address:

FEI Number: 52-2382803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: ALVARADO, SAMUEL A
Address: 10935 SOUTHWEST 157TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: DPST ( ) Delete
Name: ALVARADO, SAMUEL A
Address: 10935 SW 157TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: DPST ( ) Delete
Name: ALVARADO, SAMUEL A
Address: 10935 S.W.157TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: DPST ( ) Delete
Name: ALVARADO, SAMUEL A
Address: 10935 S.W.157TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: DPST ( ) Delete
Name: ALVARADO, SAMUEL A
Address: 10935S.W. 157TH TERRACE
City-St-Zip: MIAMI, FL 33157 FL

Title: DPST ( ) Delete
Name: ALVARADO, SAMUEL A
Address: 10935 S.W.157 TERRACE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL A. ALVARADO DPST 05/18/2009

Electronic Signature of Signing Officer or Director Date