## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jun 06, 2005 8:00 am DOCUMENT # P03000022653 **Secretary of State** 06-06-2005 90001 041 \*\*\*150.00 KENNETH COMT PLASTERING, CORP. Principal Place of Business Mailing Address 7955 NW 54TH STREET 7955 NW 54TH STREET MIAMI, FL 33166 MIAMI, FL 33166 3. Mailing Address 2. Principal Place of Business 1640 NW 121 ST. 1640 NW 121 51 Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 05312005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For MIDANIE; FL - IMATIL 57-1154690 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZELAVA, OMAZ ZELAYA, OMAR LENIN Street Address (P.O. Box Number is Not Acceptable) 1640 NW 121 ST MIAMI, FL 33137 1640 DW 1215T pose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entithe obligations of regis SIGNATURE (NOTE, Registered Agent signature required when re-instating) DATE In accordance with s. 607.193(2)(b), F.S., the 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution corporation did not receive the prior notice. Due by September 7, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Delete TITLE Add tion THILE ZELAYA, OHAZ LENIA Minist ZELAYA, OMAR LENNING Neber 1640 NOW 121 ST STREET ADDRESS 1640 NW 121ST ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33137 ☐ Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Acuition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Apd t on TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CETY - ST - 7iP CITY - ST - ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change Addition TITLE MAME MALVIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 12. I hereby certify that the information spapilied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of pushes 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 changed or on an attachment with changes, with all other Mempowered changed, or on an attachment will SIGNATURE: TURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Deytime Prone # SIGN

FILED