2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000043532

1. Entity Name
JC PLASTER USA, CORP.

Principal Place of Business	Mailing Address
1040 NW 4 ST #103 MIAMI, FL 33128	1040 NW 4 ST #103 MIAMI, FL 33128

94080180

04282004   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address	
1020 NW 4ST Suite, Apt. #, etc.	*1020 NW 4ST* Suite, Apt. #, etc.	
City & State *Miami FL*	City & State *Miami FL*	**4.** FEI Number *56-2346555* — Applied For / Not Applicable
Zip *33128* Country	Zip *33128* 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
ESCOTO, CESAR 1040 NW 4 ST #103 MIAMI, FL 33128	Name *ESCOTO, Cesar* Street Address (P.O. Box Number is Not Acceptable) *1020 NW 4ST* City *Miami* FL Zip Code *33128*

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 *CESAR ESCOTO*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. 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	PD	☐ Delete	TITLE	*PD*	☑ Change ☐ Addition
NAME	ESCOTO, CESAR		NAME	*ESCOTO, Cesar*	
STREET ADDRESS	1040 NW 4 ST #103		STREET ADDRESS	*1020 NW 4ST*	
CITY-ST-ZIP	MIAMI, FL 33128		CITY-ST-ZIP	*Miami FL, 33128*	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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: *CESAR ESCOTO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #