2005 FOR PROFIT CORPORATION

FILED \mathbf{AM}

	ANNUAL REPORT				Apr 18, 2005 08:00		
DOCU	MENT # P03000043	895			Secr	etary of State	
Enlity Name AGAPE PLASTERING CONTRACTOR, INC.						v	
AGAIL1	LAGILIMIO COMINACIO	Ν, ΙΝΟ.					
Principal Plan	ce of Business	Mailing Address	2000 01 Ve.				
18155 SW 1		18155 SW 157TH AVE					
MIAMI, FL 3	33187	MIAMI, FL 33187					
					13141 11111 ELLI 1683 UUII 9161		
				04122005	No Chg-P	CR2E034 (10/03)	
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	<u></u>	Applied For	
				51-0460)638	Not Applicable	
				5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	legistered Agent	المنبينية أعلىنيفان	الماعا بإب بالبائد	epatriciti ir resembrandi.	en e	
FLORES,				no	NOT WR	TE	
18155 SV MIAMI, FL	/ 157TH AVE . 33187			B I. :		プレート・ きながく しんしょう	
,	•			IN J	HIS SPA	GE.	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its registe	red office or register	ed agent, or both	, în the State of Florida.	. I am familiar with, and accept	
SIGNATURE	_						
CIGITATIONE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE Register	red Agent signature required	when reinstating)		DATE	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina		00 May Be			
After M	ay 1, 2005 Fee will be \$550.0	Trust Fund Contribution	i. 🗀 Adde	ed to Fees			
10.	OFFICERS AND D	DIRECTORS		જું ન્યું કરાજ વસ્તું કે સું કે? જું ન્યું કરાજ વસ્તું કે સું કે?			
title Name	DP				والمراويية والمراوية فالمحاصة والمحاصة والمحاضة والمحاضة والمحاضة		
	FLORES, ELION						
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CITY-ST-ZIP	18155 SW 157 AVE. MIAMI, FL 33187		— ideologus as assistances		TW/NOOT		
	18155 SW 157 AVE.	<u>-</u>			14713/05-91	70 /5 108-809 70,0 0	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	18155 SW 157 AVE. MIAMI, FL 33187 S ALMANSA, PEDRO 400 NW 16TH STREET				14.413.415+ <u>91</u>	0)\$ 108-009 150.00	
CITY-ST-ZIP TITLE NAME	18155 SW 157 AVE. MIAMI, FL 33187 S ALMANSA, PEDRO	-			14.713.7(85-1215 14.713.7(85-1215	7) 5 108-809 150.00	
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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 Statules. 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR