2004 FOR PROFIT CORPORATION

SIGNATURE:

Apr 19, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P03000076899** 04-19-2004 90260 016 ***150.00 R & R JUNIOR PLASTERING, INC. Principal Place of Business Mailing Address 8382 SW 152ND AVENUE #14 8382 SW 152ND AVENUE #14 24090Toz MIAMI, FL 33193 MIAMI, FL 33193 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082004 CR2E034 (10/03) FEI Number City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, RAUL SR. - -Street Address (P.O. Box Number is Not Acceptable) 8382 SW 152ND AVENUE #14 MIAMI, FL 33193 FL Zin Code 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. Signsture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE (\$ \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. <u>v.R.</u> TITLE ☐ Delete TITLE ☐ Addition NAME RODRIGUEZ, RAUL SR NAME 8382 SW 152ND AVENUE #14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP Change TITLE TITI F Defete Addition NAME RODRIGUEZ, RAUL JR NAME STREET ADDRESS 8382 SW 152ND AVENUE #14 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE 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-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver of these empowered of changed, or on an attachment with an address, with all the changed or on an attachment with an address. bes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information couraite and that my signature shall have the same legal effect as if made under oath; that I am an officer or director facult this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if if like empowered.

TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED