2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000096706 06-07-2004 90002 037 ***150.00 1. Entity Name 3 BROTHERS PLASTERS CORP. Principal Place of Business Mailing Address **2402**P214 3002 NW 29 ST 3002 NW 29 ST MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business 3. Mailing Address 3002 NW 2951 3002 NW Z9ST Suite, Apt. #, etc. Suite, Apt. #, etc. 05082004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Wiami Mami -0929702 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33142 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CASTRO, JAIRO A Street Address (P.O. Box Number is Not Acceptable) 3002 NW 29 ST MIAMI, FL 33142 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 117 10. 11. TITLE TITLE ☐ Delete ☐ Change Addition CASTRO, JAIRO A NAME NAME 3002 NW 29 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP ☐ Delete TITLE Addition TITLE Change CASTRO, WALTER J NAME NAME 3002 NW 29 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ~ □ Delcte TITLE -___ Change.. _ _ Addition 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 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied 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 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

TED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED Jun 07, 2004 8:00 am Affachmen F 54052914

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 8, 2004

3 BROTHERS PLASTERS CORP. 3002 NW 29 ST MIAMI, FL 33142

SUBJECT: 3 BROTHERS PLASTERS CORP. Ref. Number: P03000096706

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

An officer or director must sign the report.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell Document Specialist

Letter Number: 404A00031953