

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/1/2004-90002-026-\$550.00-\$550.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 14 AM 8:00

DOCUMENT # P03000116785 1. Entity Name JOSEPH'S STUCCO & PLASTERING, INC.	
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Principal Place of Business 2343 FARRAGUT STREET HOLLYWOOD FL 33020	Mailing Address 2343 FARRAGUT STREET HOLLYWOOD FL 33020
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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6. Name and Address of Current Registered Agent EMERY, MICHAEL R ONE FINANCIAL PLAZA STE 2020 FT LAUDERDALE FL 33394	
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4. FEI Number 41-2112519	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004
 Make Check Payable to Florida Department of State

S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE PSTD <input type="checkbox"/> Delete NAME SMART, JOSEPH STREET ADDRESS 2343 FARRAGUT STREET CITY-ST-ZIP HOLLYWOOD FL 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 employees.

SIGNATURE: Joseph Smart 8/31/04 954 255 1268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #