2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000140371



FILED Apr 18, 2005 8:00 am Secretary of State

1. Entity Name POLO PLASTERING, INC.					04-18-2005 90549 026 ***150.00			
Principal Place of Business 1126 HAMPSHIRE AVE NE PALM BAY, FL 32905		Maifing Address 1126 HAMPSHIRE AVE NE PALM BAY, FL 32905			#UUUUU~~			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062005	Chg-P	CR2E034 (10/03)	- 1421 H 1261	
City & State		City & State		4. FEI Numbe	er	A	oplied For	
Zip	Country	Zip	Country	20-0476 5. Certificate	5506 of Status Desired	S8.75 Ad		
	6. Name and Address of Current	Registered Agent		/		Fee Require	ed .	
b. Hallie and Address of Cultum negistered Agent			Name	7. Name and Address of New Registered Agent Name				
RODRIGUEZ, HIPOLITO 1126 HAMPSHIRE AVE NE PALM BAY, FL 32905			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Coo	le	
8. The above named entity submits this statement for the purpose of changing its registered off				registered agent, or bot	h, in the State of Flo	orida. I am familiar with	, and accept	
the obligat	tions of registered agent.							
SIGNATURE Signature, typed or printed name of registared agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						DAW		
	Signature, typed or printed name or registated agent	вио вне в аррисаріе. (1904 г.:	Registered Agent signeru	re required when renssating)		DAIE		
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fine Trust Fund Contribution				\$5.00 May Be Added to Fees				
	•	00 Husi runo Contin		Added to 1 dea				
10.	OFFICERS AND		11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR		
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TITLE	D	DIRECTORS	11.	ADDITIONS/ Director Polo Rodric 1126 Hampsh	guez nire Ave Ni	☐ Change		
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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 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP