## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

ANNUAL REPORT	
DOCUMENT # P0400008503	Γ

1. Entity Name V.M.E. PLASTERING, INC.

Principal Place of Business

Mailing Address

2744 WEST 68TH PL HIALEAH, FL 33014 2744 WEST 68TH PL HIALEAH, FL 33014



## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04172007	No Chg-P	CR2E034 (11/05)	

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUADRI, HECTOR R 2764 WEST 68TH PL HIALEAH, FL 33014

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

HIALEAN, FL 33014			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or r	egistered agent, or both	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	applicable (NOTE: Registered A	Agent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🗀	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD QUADRI, HECTOR R 2764 WEST 68TH PL HIALEAH, FL 33014				U00000720088 05/01/07-80091-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/81/01-00031-014 130.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	,				-
12. I hereby of indicated of the corrections of the	certify that the information superied with this fil on this report or supplemental/eport is true a poration or the receiver or trusted and over- or on an attachment with an agaress, with all	ing does not qualify for the exen ad accurate and that my signatur to execute his report as require other like empowered.	nptions co re shall har d by Chap	ntained in Chapter 119 ve the same legal effect ter 607, Florida Statutes	Florida Statutes. I further certify that the information as if made under oath; that I am an officer or director s; and that my name appears in Block 10 or Block 11 if