


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000149659</b>	
1. Entity Name <b>JAMES ALBERT GREEN PLASTERING, INC</b>	

Principal Place of Business <b>18710 S.W. 107 AVENUE, UNIT 26 MIAMI, FL 33157</b>	Mailing Address <b>18710 S.W. 107 AVENUE, UNIT 26 MIAMI, FL 33157</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1827556</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GREEN, ALBERT  
15014 SW 303 ST  
LEISURE CITY, FL 33030**

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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 *Albert Green* (NOTE: Registered Agent signature required when reinstating) DATE 1/4/07

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GREEN, JAMES L 335 N.W 6 AVENUE HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GREEN, ALBERT 15014 S.W. 303 STREET LEISURE CITY, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GREEN, SHARON 1261 S.E. 27 STREET, APT 205 FLORIDA CITY, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/07-80044-005 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Albert Green* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-4-07 Daytime Phone # 63051256-1495