

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

08 JAN -3 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000017750

1. Entity Name

ATLANTIDA PLASTERING, INC.



Principal Place of Business

808 NW 116 STREET  
MIAMI FL 33168

Mailing Address

808 NW 116 STREET  
MIAMI FL 33168

2. Principal Place of Business - No P.O. Box #

808 NW 116<sup>th</sup> ST.

Suite, Apt. #, etc.

Miami FL.

City & State

3. Mailing Address

808 NW 116<sup>th</sup> ST.

Suite, Apt. #, etc.

Miami FL.

City & State

REINSTATEMENT 07-08

1st MOORE

CR2E034 (10706)

4. FEI Number

20-2279698

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MATEO, ROSA M  
808 NW 116 STREET  
MIAMI FL 33168

7. Name and Address of New Registered Agent

Name

Rigoberto Mateo

Street Address (P.O. Box Number is Not Acceptable)

808 NW 116<sup>th</sup> ST.

City

Miami FL.

FL

Zip Code

33168

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

Rosa Mateo President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12-29-07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD  
NAME: MATEO, ROSA M  
STREET ADDRESS: 808 NW 116 STREET  
CITY-ST-ZIP: MIAMI FL 33168 ☐ Delete

TITLE: VP  
NAME: MATEO, RIGOBERTO  
STREET ADDRESS: 808 NW 116 STREET  
CITY-ST-ZIP: MIAMI FL 33168 ☐ Delete

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: (President) ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: (Vice President) ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS: 000113349270  
CITY-ST-ZIP: 01/17/08--01027--022 \*\*358.75

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS: 000113349270  
CITY-ST-ZIP: 12/21/07--01028--010 \*\*550.00

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Rosa Mateo - President 12-17-07 305953-2491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #