

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90009 001 ***150.00
07-27-2007 90009 002 *****8.75

DOCUMENT # P06000040918

1. Entity Name
TWINS PLASTERING, INC



Principal Place of Business
**4605 HAPPY LANDING ST N.
WEST PALM BEACH, FL 33415**

Mailing Address
**4605 HAPPY LANDING ST N.
WEST PALM BEACH, FL 33415**

66020629



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

535 E Whitney Circle

3. Mailing Address

535 E Whitney Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05162007

Chg-P

CR2E034 (12/06)

City & State

Jupiter Florida

City & State

Jupiter FL

4. FEI Number

87-07-65183

Applied For

Not Applicable

Zip

33458

Country

Zip

33458

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GVS ENTERPRISE SERVICE CORP
834 W LANTANA RD
LANTANA, FL 33462**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE VP,T
NAME GILBERTO, RAMOS ☐ Delete
STREET ADDRESS 4605 HAPPY LANDING ST N.
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE P,S
NAME ADRIANA, RAMOS ☐ Delete
STREET ADDRESS 4605 HAPPY LANDING ST N.
CITY-ST-ZIP WEST PALM BEACH, FL 33415

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

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

TITLE ☐ Change ☐ Addition
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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 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: **ADRIANA RAMOS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/07

Date

(561) 427-6759

Daytime Phone #