

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90054 002 ***150.00

DOCUMENT # P06000150887					
1. Entity Name GB PLASTER, INC.					
Principal Place of Business 16172 SW 139 COURT MIAMI, FL 33177			Mailing Address 16172 SW 139 COURT MIAMI, FL 33177		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-8033780	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORBUA, GERVASIO 16172 SW 139 COURT MIAMI, FL 33177			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT	NAME BORBUA, GERVASIO		<input type="checkbox"/> Delete		
STREET ADDRESS 16172 SW 139 COURT					
CITY - ST - ZIP MIAMI, FL 33177					
TITLE VS	NAME BORBUA, BLANCA R		<input type="checkbox"/> Delete		
STREET ADDRESS 16172 SW 139 COURT					
CITY - ST - ZIP MIAMI, FL 33177					
TITLE 	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	NAME		<input type="checkbox"/> Delete		
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 to this address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					