

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90698 012 \*\*\*150.00

DOCUMENT # P94000062755

1. Entity Name  
A A A PLASTERING & DRYWALL, INC.



Principal Place of Business  
20523 OLD CUTLER RD  
MIAMI, FL 33139

Mailing Address  
P.O. BOX 971032  
MIAMI, FL 33197

2. Principal Place of Business

18425 SW 267 ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

City & State

Zip

33031

Country

Zip

Country

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0516237

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEZCANO, ALBERTO  
20523 OLD CUTLER RD  
MIAMI, FL 33177

7. Name and Address of New Registered Agent

Name LEZCANO, ALBERTO

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

18425 SW 267 ST

City

HOMESTEAD

FL

Zip Code

33031

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]*

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

(NOTE: Registered Agent signature required when reinstating)

4-28-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE RD  
NAME LEZCANO, AMADO SR  
STREET ADDRESS 12615 S.W. 186TH ST.  
CITY- ST- ZIP MIAMI, FL 33177

☐ Delete

TITLE SD  
NAME LEZCANO, ALBERTO  
STREET ADDRESS 12615 S.W. 186TH ST.  
CITY- ST- ZIP MIAMI, FL 33177

☐ Delete

TITLE SDTD  
NAME LEZCANO, ALFREDO  
STREET ADDRESS 12615 S.W. 186TH ST.  
CITY- ST- ZIP MIAMI, FL 33177

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

Date

305.242.0777

Daytime Phone #