

MENT # P95000025275

DATTINI PLASTERING, INC.

May 10, 2000 8:00
Secretary of State

05-10-2000 90118 036 ***150.00

Office of Business Mailing Address
AVE 4630 SW 134TH AVE
FL 33330 FT LAUDERDALE FL 33330-2600



DO NOT WRITE IN THIS SPACE

Office of Business		3. Mailing Address		4. FEI Number 65-0568642		Applied For	
#, etc.		Suite, Apt. #, etc.				Not Applicable	
		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Country		Zip		Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ANGELO SW 134TH AVE LAUDERDALE FL 33330				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

Registered entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<input type="checkbox"/> If not eligible to satisfy its intangible <input type="checkbox"/> If eligible to satisfy its intangible <input type="checkbox"/> If not eligible to satisfy its intangible <input type="checkbox"/> If eligible to satisfy its intangible		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DP DATTINI, ANGELO 4630 SW 134TH AVE FT LAUDERDALE FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

I 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 in 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 11 or Block 12 if on an attachment with an address, with all other like empowered.

JRE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/7/00 (951) 434-4609 Date Daytime Phone #
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CR2E034 (9/99)