

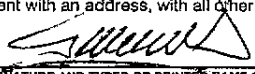


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000043625 1. Entity Name PLASTER BEST INC.				
Principal Place of Business 6480 SW 42 TERRACE MIAMI, FL 33155		Mailing Address 6480 SW 42 TERRACE MIAMI, FL 33155		
DO NOT WRITE IN THIS SPACE				
				 01192006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0587057		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CHOW, MARIA G 6480 SW 42 TERRACE MIAMI, FL 33155		DO NOT WRITE IN THIS SPACE		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000563589 05/20/06-80017-017 550.00		
TITLE	D			
NAME	CHOW, MARIA G			
STREET ADDRESS	6480 SW 42 TERRACE			
CITY-ST-ZIP	MIAMI, FL 33155			
TITLE	V			
NAME	CHOW, WILLIAM			
STREET ADDRESS	6480 SW 42 TERRACE			
CITY-ST-ZIP	MIAMI, FL 33155			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
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: 		Date 5/4/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____		