2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P95000071739 Feb 02, 2007 08:00 AM **Secretary of State** FIVE STAR PLASTERING & STUCCO, INC. Principal Place of Business Mailing Address 2601 LEE STREET 2601 LEE STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt #, etc Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 65-0636595 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATHIEU, JEAN Street Address (P.O. Box Number is Not Acceptable) 2601 LEE STREET HOLLYWOOD FL 33020 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Significate, typed or printed name of registered agent and tale it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 1010 Addition Delete IIII Change MATHIEU, JEAN NAMI NAME 1/000000617803 2601 LEE STREET SIDECT ADDRESS STREET ADORESS 02/08/07-80004-012 150.00 HOLLYWOOD FL 33020 CITY-S1-7IP CITY-ST-7/P ☐ Change 111) F ☐ Delete ☐ Addition IIILL. NAML NAMI^{*} STREET ADDRESS STHEET ADDRESS CRY-ST-7IP CHY-SI-ZIP Delete Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CHY-S1-7IP CHY-SI-ZIP Delete ☐ Change ☐ Addition HILL 1011 NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-71P CHY-SI-ZIP IIILE Defete Addition ☐ Change NAME: STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P THE Delete THE. ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-/IP CITY+SI-7IP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under eath; 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.

IG OFFICER OR DIRECTOR