


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90030 036 ***150.00

DOCUMENT # P96000057841

1. Entity Name
 E.J. PLASTERING, CORP.



Principal Place of Business: 8531 NW 3RD ST HOUSE PEMBROKE PINES, FL 33024

Mailing Address: 8531 NW 3RD ST HOUSE PEMBROKE PINES, FL 33024

50064025

2. Principal Place of Business: 970 N 73 way

3. Mailing Address: 970 N 73 way

Suite, Apt. #, etc.



08252005 Chg-P CR2E034 (10/03)

City & State: Hollywood, FL

City & State: Hollywood, FL

Zip: 33024 Country: USA

Zip: 33024 Country: USA

4. FEI Number: 65-0680868

Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ALEMAN, IVISNELY
 8531 NW 3RD ST HOUSE
 PEMBROKE PINES, FL 33024~~

7. Name and Address of New Registered Agent

Name: Enrique Aleman

Street Address (P.O. Box Number is Not Acceptable): 970 N 73 way

City: Hollywood FL Zip Code: 33024

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: *Enrique Aleman* DATE: 6/30/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution: \$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

TITLE: PD	<input type="checkbox"/> Delete
NAME: ALEMAN, ENRIQUE J.	
STREET ADDRESS: 8531 N.W. 3RD STREET	
CITY-ST-ZIP: PEMBROKE PINES, FL 33024	
TITLE: VSD	<input checked="" type="checkbox"/> Delete
NAME: ALEMAN, IVISNELY	
STREET ADDRESS: 8531 N.W. 3RD STREET	
CITY-ST-ZIP: PEMBROKE PINES, FL 33024	
TITLE: [Blank]	<input type="checkbox"/> Delete
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Delete
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Delete
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Enrique Aleman	
STREET ADDRESS: 970 N 73 way	
CITY-ST-ZIP: Hollywood, FL 33024	
TITLE: VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Bessy M. Midonce	
STREET ADDRESS: 970 N 73 way	
CITY-ST-ZIP: Hollywood, FL 33024	
TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Enrique Aleman* DATE: 6/30/05 (954) 214-5081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR