


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
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50064015



2. Principal Place of Business 970 N 73 way Suite, Apt. #, etc.	3. Mailing Address 970 N 73 way Suite, Apt. #, etc.
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08252005 Chg-P CR2E034 (10/03)

City & State Hollywood, FL Zip 33024 Country USA	City & State Hollywood, FL Zip 33024 Country USA
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4. FEI Number 65-0680868	Applied For Not Applicable
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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
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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 the 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. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEMAN, ENRIQUE J. 8531 N.W. 3RD STREET PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ALEMAN, IVISNELY 8531 N.W. 3RD STREET PEMBROKE PINES, FL 33024 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Enrique Aleman 970 N 73 way Hollywood, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Bessy M. Midonice 970 N 73 way Hollywood, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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