## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000053724

1. Corporation Name

K.D.R. PLASTERING, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90082 032 \*\*\*158.75



851 MILES AVE #13	300	851 MILES AVE #13							
WINTER PARK FL 32789 WINTER PARK FL 32789					DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed	-			
					06/16/1997				
2. Principal Place of	of Business_	2a. Mailing Address		<del></del>	4. FEI Number		Aı	oplied For	
				inks Ave	59-3451096		N	ot Applicable	
Suite, Apt. #, etc 22 #2 3		Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>X</b>		Additional equired	
City & State	P. L. T.	Citý & State	مين .	<u></u>	6. Election Campaign Financing			May Be to Fees	
23 Winter	-Park, FL	28 Winter Tar	Country	<u> </u>	Trust Fund Contribution			to rees	
Zip	Country 9 25 USA	29 32789 B	,	isa -	This corporation owes the curr Personal Property Tax.		gible ] Yes	□No	
24 3278	Name and Address of Current	<u> </u>	9-	10. Name and Address of New F					
9.	Name and Address of Current	81	Name	10.			-		
DE RIVERO, FELIPE K									
851 MILES AVE #13				Street Addre	eet Address (P.O. Box Number is Not Acceptable)				
WINTER PARK FL 32789			83					******	
			84	City		FL	85 Zip	Code	
44 Pursuant to the	provisions of Sections 607 0502	and 607 1508. Florida Statutes	s. the abov	e-named corp	oration submits this statement for the	purpose of ch	anging its	s registered	
office or registe	ered agent, or both, in the State of	Florida. Such change was aut	horized by	the corporation	on's board of directors. I hereby acces	ot the appointn	nent as re	egistered	
agent. I am fan	miliar with, and accept the obligation	ns of, Section 607.0005, Floric	Ja Statutes	s.				1	
SIGNATURE Signature	ture, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Age	nt signature required	d when reinstating)	DATE	•		
12.	OFFICERS AND	*******	13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12	
TITLE PVF	P\$L	☐ DELETE	1.1 TITLE	P	VP		🙎 Change	☐ Addition	
NAME DEI	rivero, felipe K.		1.2 NAME	· · · · ·				1	
	1 MILES AVE #13		1.3 STREE	T ADDRESS	,			]	
	NTER PARK FL 32789		1.4 CITY- 9	ST-ZIP					
TITLE S		☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME RO	OSE DE GARCIA, CECILIA		2.2 NAME					į	
STREET ADDRESS 851	1 MILES AVE #13	•	2.3 STREE	TADDRESS				ì	
CITY-ST-ZIP WIN	NTER PARK FL 32789		2. 4 CITY-	ST-ZIP					
TITLE TO THE		DELETE	3.1·TmLE		<del></del>		T Change	Addition	
NAME V	an A GARCIF		3.2 NAME						
STREET ADDRESS	51 Miles Ave, #	15	3.3 STREE	T ADDRESS					
CITY-ST-ZIP	linter Park, FL	32789	3.4. CITY-1	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			[	Change	☐ Addition	
NAME			4.2 NAME						
STREET ADDRESS			4 3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		1	[	☐ Change	Addition (	
NAME			5.2 NAME						
STREET ADDRESS	•	•	5.3 STREE	T ADDRÉSS					
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			<u>.                                    </u>		
TITLE		☐ DELETE	6.1 TITLE	_			_ Change	☐ Addition	
NAME			6.2 NAME	i					
STREET ADDRESS			6.3 STREE	TADDRESS					

14. I hereby 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 indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP