



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90070 031 ***150.00

DOCUMENT # P98000069401 1. Entity Name AMAYA PLASTERING, INC.					
Principal Place of Business 1732 NW 7TH STREET UNIT 9 MIAMI, FL 33125			Mailing Address 1732 NW 7TH STREET UNIT 9 MIAMI, FL 33125		
2. Principal Place of Business - No P.O. Box # 1732 NW 7th Street		3. Mailing Address 1732 NW 7th Street			
Suite, Apt. #, etc. Unit # 1		Suite, Apt. #, etc. Unit # 1		03062008 Chg-P CR2E034 (12/06)	
City & State Miami FL		City & State Miami FL		4. FEI Number 65-0856758	
Zip 33125		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMAYA, VICTOR M 1166 SW 19 AVE MIAMI, FL 33135				7. Name and Address of New Registered Agent --- Name Amaya, Victor M Street Address (P.O. Box Number is Not Acceptable) 1732 NW 7th Street Unit # 1 City Miami FL Zip Code 33125	
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 <u>Victor Amaya</u> DATE <u>03/06/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS AMAYA, VICTOR M 1732 NW 7TH STREET UNIT 1 MIAMI, FL 33125 <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Victor Amaya</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>03/06/08</u> Daytime Phone # <u>3056493427</u>		