

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91234 044 \*\*\*158.75

**DOCUMENT # P98000079546**

1. Entity Name

**EMPIRE PLASTERING, INC.**



Principal Place of Business

**4835 N.W. 184TH TERRACE  
MIAMI FL 33055**

Mailing Address

**PO BOX 653453  
MIAMI FL 33265**

2. Principal Place of Business

**14201 SW 139 Ct**

3. Mailing Address

**14201 SW 139 Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**Miami, Florida**

Zip  
**33186**

Country

Zip  
**33186**

Country

4. FEI Number

**65-0864070**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JIMENEZ, JUAN G  
4835 N.W. 184TH TERRACE  
MIAMI FL 33055**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>TITLE: <b>D</b> <input type="checkbox"/> Delete</p> <p>NAME: <b>JIMENEZ, JUAN G</b></p> <p>STREET ADDRESS: <b>4835 N.W. 184TH TERRACE</b></p> <p>CITY-ST-ZIP: <b>MIAMI FL 33055</b></p>	<p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: <b>D</b> <input type="checkbox"/> Delete</p> <p>NAME: <b>JIMENEZ, DANNY</b></p> <p>STREET ADDRESS: <b>450 WEST 65TH STREET</b></p> <p>CITY-ST-ZIP: <b>HIALEAH FL 33012</b></p>	<p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/28/04 305-302-6385**