


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000094587
1. Entity Name
DUENAS & GUTIERREZ PLASTER, INC.



Principal Place of Business 11831 SW 180 STREET MIAMI, FL 33177	Mailing Address 11831 SW 180 STREET MIAMI, FL 33177
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DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0873957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, FABRICIO
11831 SW 180 STREET
MIAMI, FL 33177

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IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTIERREZ, FABRICIO 11831 SW 180 STREET MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DUENAS, LAUBEL 13931 SW 12 STREET MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/20/06-80023-014 150.00

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IN THIS SPACE**

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 agreement with an address with all other like empowered.

SIGNATURE:  **02-03-06** **(305) 378-5092**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #