2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 07, 2007 8:00 am Secretary of State DOCUMENT # V00550 1. Entity Name 03-07-2007 90017 012 ***150.00 DELL'AQUILA PLASTERING, INC. Principal Place of Business Mailing Address 6256 NW 62ND TER 6256 NW 62ND TER PARKLAND FL 33067 PARKLAND FL 33067 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FÉI Number 65-0304197 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELL'AQUILA, ROBERT Street Address (P.O. Box Number is Not Acceptable) 6256 NW 62ND TER PARKLAND FL 33067 Zip Code City 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 r applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 D Delete TITLE ☐ Change Addition TITLE DELL'AQUILA, ROBERT NAME 6256 NW 62ND TER STREET ADDRESS STREET ADDRESS PARKLAND FL CITY-ST-ZIP CITY-ST-ZIP Change Secretary TITLE ☐ Defete TITLE Addition Banbara Dali Aquila Gasbuwboubtee DELLAQUILA, BARBARA NAME 6256 N.W. 62ND TER STREET ADDRESS STREET ADDRESS PARKLAND FL 33067 CITY-ST-ZIP CITY-ST-7IP ParklAUD FL 33067 VICE Pres Change Addition HILE ☐ Delete Nicholas Dell'Aquila NAME 6256 N.W. 620D TER. STREET ADDRESS STREET ADDRESS Pankland FL 33067 OTY-ST 713 CITY ST-ZIF TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STRLET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition THE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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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 attachpoen with an address, with all other like empowered. SIGNATURE;

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information