


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V07099**  
 1. Entity Name  
**J & M PLASTERING INC.**



Principal Place of Business      Mailing Address  
 16333 NW 84 PL                      16333 NW 84 PL  
 MIAMI, FL 33016                      MIAMI, FL 33016    US

**DO NOT WRITE IN THIS SPACE**



02172005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0315212</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SEVILLA, JUANA**  
**16333 NW 84 PLACE**  
**MIAMI, FL 33016**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

11000000237633  
 02/21/05-80064-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SEVILLA, ROBERTO A. 16333 NW 84 PL. MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SEVILLA, JUANA 16333 NW 84 PL. MIAMI, FL 33016
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(f), 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:** Juana R. Sevilla, JUANA A Sevilla      2/17/05      (305) 825-7834  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #