

2004 AR FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

04 JUL 12 PM 12:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P02000097013
 1. Entity Name
 A 1000 Plastering, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2760 Foxhall DR.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 West Palm Beach, FL
 Zip
 33417

City & State
 Zip
 Country

4. FEI Number
 30-0132630
 5. Certificate of Status Desired \$8.75 Additional Fee Required

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name
 Elvir, Elvin E.
 Street Address (P.O. Box Number is Not Accepted)
 2760 Foxhall Drive
 City
 West Palm Beach FL Zip Code
 33417

8. This authorized 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: _____
(NOTE: Registered Agent signature required when re-registering)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Elvir, Elvin 2760 Foxhall DR. West Palm Beach, FL 33417	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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR

CR2E034B (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$150.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 or any other notice from the Division of Corporations in respect with the Corporation **A 1000 PLASTERING, INC.**

Thank you for your courtesy in this matter.



ELVIN ELVIR
PRESIDENT