## 2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED May 18, 2006 8:00 am Secretary of State

DOCUMENT # P05000054367  1. Entity Name FIRONA LATH & STUCCO, INC						05-18-2006 90015 010 ***150.00				
1	ce of Business ISIN WOOD LN FL 32824	Mailing Address 552 WISCONSIN WOOD LN ORLANDO,, FL 32824								
Principal Place of Business 3.			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05152006	Chg-P	CR2E034	(11/05)	
City & State			City & State			4. FEI Numb	er 20-2716	1838	<b>→</b>	oplied For ot Applicable
Zip	Zip Country		Zip	Cour	ntry	5. Certificate	e of Status Desired	┌ \$8	.75 Add Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
MESAFRANCO, AL 5240 E. COLONIAL DR STE C ORLANDO, FL 32807					Street Address (P.O. Box Number is Not Acceptable)					
	.,				City			FL	Zip Cod	e
8. The above the obligat	e named entity submits this stations of registered agent.	ement for the p	ourpose of changing its	s register	ed office or registe	ered agent, or bo	oth, in the State of Flo	rida. I am fam	iliar with.	and accept
SIGNATURE	Signature, typed or printed name of regis	tered agent and title	if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE		<del></del>
FILE NOWIII FEE IS \$150.00  Due by September 6, 2006  9. Election Campaig Trust Fund Contri						5.00 May Be ded to Fees	In accordance w corporation did r	vith s. 607.19 not receive th	3(2)(b), ne prior r	F.S., the notice.
10.	OFFICE	CTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RODRIGUEZ-PENA, FID 552 WISCONSIN WOOD ORLANDO, FL 32824		□ Delete						) Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		1	1	42-Augus		) Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		<b>I</b>				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-	ET ADDRESS ST-ZIP				Change	☐ Addition
of the cor	certify that the information supp on this report or supplemental poration or the receiver or trus or on an attachment with an a	ee empowered	the accurate and that h	ny signat as requir	emptions contained ure shall have the ed by Chapter 60	d in Chapter 119 same legal effec 7, Florida Statute	), Florida Statutes. I to the state and the state of the	further certify t ath; that I am a appears in Blo	hat the in in officer ock 10 or	formation or director Block 11 if