

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123246

Entity Name: FULL STUFF INC.

FILED  
Jan 07, 2009  
Secretary of State

## Current Principal Place of Business:

2561 HINSDALE DR  
KISSIMMEE, FL 34741

## New Principal Place of Business:

2832 PAIGE DR  
KISSIMMEE, FL 34741

## Current Mailing Address:

2561 HINSDALE DR  
KISSIMMEE, FL 34741

## New Mailing Address:

2832 PAIGE DR  
KISSIMMEE, FL 34741

FEI Number: 20-4275349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ARIAS, ANGEL A  
2561 HINSDALE DR  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

ARIAS, ANGEL A  
2832 PAIGE DR  
KISSIMMEE, FL 34741 US

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.

SIGNATURE:

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: ARIAS, ANGEL  
Address: 2561 HINSDALE DR  
City-St-Zip: KISSIMMEE, FL 34741

Title: VP/D ( ) Delete  
Name: CASTILLO, SOLEDAD  
Address: 2561 HINSDALE DR  
City-St-Zip: KISSIMMEE, FL 34741

Title: T ( ) Delete  
Name: ARIAS, ANGEL  
Address: 2561 HINSDALE DR  
City-St-Zip: KISSIMMEE, FL 34741

Title: S ( ) Delete  
Name: CASTILLO, SOLEDAD  
Address: 2561 HINSDALE DR  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: ARIAS, ANGEL  
Address: 2832 PAIGE DR  
City-St-Zip: KISSIMMEE, FL 34741

Title: VP/D (X) Change ( ) Addition  
Name: CASTILLO, SOLEDAD  
Address: 2832 PAIGE DR  
City-St-Zip: KISSIMMEE, FL 34741

Title: T (X) Change ( ) Addition  
Name: ARIAS, ANGEL  
Address: 2832 PAIGE DR  
City-St-Zip: KISSIMMEE, FL 34741

Title: S (X) Change ( ) Addition  
Name: CASTILLO, SOLEDAD  
Address: 2832 PAIGE DR  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIAS ANGEL

P/D

01/07/2009

Electronic Signature of Signing Officer or Director

Date