

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90192 031 \*\*\*158.75

DOCUMENT # P05000096267  
 1. Entity Name  
 G & C STUCCO, CORP. } DELETED  
 Expocoli, Corp.



Principal Place of Business Mailing Address  
 7040 W 15 CT } DELETED 7040 W 15 CT } DELETED  
 HIALEAH, FL 33014 US } DELETED HIALEAH, FL 33014 US } DELETED

50017294

2. Principal Place of Business 3. Mailing Address  
 606 W 81 ST P.O. Box 161029  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 202



04252006 Chg-P CR2E034 (11/05)

City & State City & State  
 HIALEAH FL HIALEAH, FL

4. FEI Number Applied For  
 20-3116142 Not Applicable

Zip Country Zip Country  
 33014 U.S.A. 33016 U.S.A.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
 COLINA, FRANK } CHANGE  
 7040 W 15 CT  
 HIALEAH, FL 33014  
 Name COLINA, FRANK  
 Street Address (P.O. Box Number is Not Acceptable)  
 P.O. Box 161029  
 City HIALEAH FL Zip Code 33016

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: 4/25/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	P COLINA, FRANK <input checked="" type="checkbox"/> Delete	TITLE NAME	P COLINA, FRANK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7040 W 15 CT	STREET ADDRESS	606 W 81 ST + 202
CITY-ST-ZIP	HIALEAH, FL 33014	CITY-ST-ZIP	HIALEAH FL 33014
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 ~~the~~ empowered.

SIGNATURE: [Signature] DATE: 4/25/06 305-362-6872  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #