2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F40953

City-St-Zip:

FILED Jan 12, 2007 Secretary of State

Entity Nam	e: LUCAR	ELLI PLASTERING, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
5640 TAYLO	R RD					
E-5 NAPLES, FL 34109						
Current Mailing Address:			New Maili	New Mailing Address:		
5640 TAYLO E-5	OR RD					
NAPLES, FL	34109	US				
FEI Number: 5	9-2110337	FEI Number Applied For ()	FEI Number Not Appl	olicable () Certificate of Status Desired ()		
Name and A	Address of	Current Registered Agent:	Name and	d Address of New Registered Agent:		
LUCARELLI 5690 TAYLO NAPLES, FL	R RD	US	5640 TAYL E-5	.LI, ANGELO LOR RD FL 34109 US		
The above n	named entity of Florida.	submits this statement for the pr	urpose of changing i	its registered office or registered agent, or both,		
SIGNATURE	Ξ:			01/12/2007		
	Electro	onic Signature of Registered Age	nt	Date		
Election Camp	oaign Financi	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Name: Address:	PSD (LUCARELLI, 400 EUCLID NAPLES, FL	AVE	Title: Name: Address: City-St-Zip:	PSD (X) Change () Addition LUCARELLI, ANGELO 400 EUCLID AVE NAPLES, FL 34110		
Name: Address:	VTD (LUCARELLI, 2207 NOBLE NAPLES, FL	COURT	Title: Name: Address: City-St-Zip:	VTD (X) Change () Addition LUCARELLI, GIACOMO SR 2207 NOBLE COURT NAPLES, FL 34110		
Name: Address:	S (LUCARELLI, 614 CORBEL NAPLES, FL	DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address:	() Delete	Title: Name: Address:	T () Change (X) Addition LUCARELLI, DOMINICK 400 EUCLID AVE		

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address: City-St-Zip:

NAPLES, FL 34110

SIGNATURE: CESARE LUCARELLI S 01/12/2007