

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G67837

Entity Name: SHAPIRO STUCCO, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

31801 SR 44 E.
EUSTIS, FL 32736

New Principal Place of Business:

Current Mailing Address:

31801 SR 44 E.
EUSTIS, FL 32736

New Mailing Address:

FEI Number: 59-2346030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHAPIRO, ALFRED
31712 LAKE DR.
EUSTIS, FL 32736 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHAPIRO, ALFRED E.,
Address: 31712 S. LAKE DRIVE
City-St-Zip: EUSTIS, FL 32726

Title: V () Delete
Name: SHAPIRO, AVERY
Address: 31712 LAKE DR.
City-St-Zip: EUSTIS, FL 32736

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: SHAPIRO, PAUL
Address: 31714 LAKE DR
City-St-Zip: EUSTIS, FL 32736

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: ALFRED SHAPIRO

DP

04/29/2008

Electronic Signature of Signing Officer or Director

Date