


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000058312</b> 1. Entity Name <b>FLAMINGO STUCCO, INC.</b>	
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Principal Place of Business <b>3801 N.E. 17 AVENUE POMPAÑO BEACH, FL 33064</b>	Mailing Address <b>3801 N.E. 17 AVENUE POMPAÑO BEACH, FL 33064</b>
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04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1016184</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CARRILLO, AUGUSTO 3801 N.E. 17 AVENUE POMPAÑO BEACH, FL 33064</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PST CARRILLO, AUGUSTO 3801 N.E. 17 AVENUE POMPAÑO BEACH, FL 33064</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD CARRILLO, AUGUSTO 3801 N.E. 17 AVENUE POMPAÑO BEACH, FL 33064</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/29/05-80101-009 158.75

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of 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 filers empowered.

SIGNATURE: \*

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**AUGUSTO CARRILLO 04/26/05 (954) 683-7356**