


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000090858**  
 1. Entity Name  
**JUAN DIAZ STUCCO SPECIALTIES, INC.**



Principal Place of Business      Mailing Address  
**8510 LYONIA DRIVE**      **8510 LYONIA DRIVE**  
**ORLANDO, FL 32829**      **ORLANDO, FL 32829**



01202004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

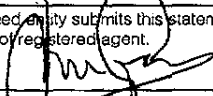
4. FEI Number      Applied For  
**59-3748784**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**DIAZ, JUAN G**  
**8510 LYONIA DRIVE**  
**ORLANDO, FL 32829**

**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:       **1/20/04**      DATE

Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

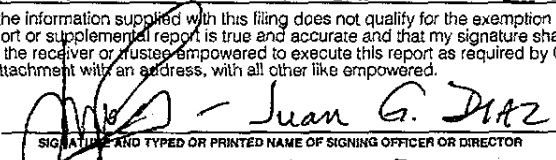
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, JUAN G 8510 LYONIA DRIVE ORLANDO, FL 32829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, ELSA 8510 LYONIA DRIVE ORLANDO, FL 32829
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 01-26704-80001-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE:       **1/20/04**      **(407) 202-1912**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #