2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 14, 2004 08:00 AM DOCUMENT # P02000003444 **Secretary of State** Entity Name OREA STUCCO, INC. Mailing Address Principal Place of Business 2412 NANSEN AVE 2412 NANSEN AVE ORLANDO, FL 32817 ORLANDO, FL 32817 No Chg-P CR2E034 (10/03) 07082004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0531971 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OREA, LUIS DO NOT WRITE 2412 NANSEN AVE ORLANDO, FL 32817 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 or printed fiame of registered agent and title if applicable. (NOTE, Registered Agent signature regulred when reinstating) Signature, typed \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE OREA, LUIS NAME 00169100 2412 NANSEN AVE STREET ADDRESS 177/14/04-90003-018 150.00 CITY -ST-ZIP ORLANDO, FL 32817 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: >

FILED

Daytime Phone #