
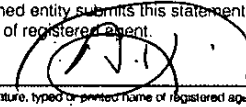
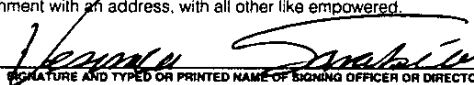


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90307 028 \*\*\*150.00

<b>DOCUMENT # P02000031273</b> 1. Entity Name <b>SARABIA PLASTERING &amp; STUCCO, INC.</b>					
Principal Place of Business <b>11001 BUCKHILL LANE CLERMONT, FL 34711</b>			Mailing Address <b>PO BOX 487 MINNEOLA, FL 34755</b>		
2. Principal Place of Business <b>204 W CHESTER</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Minneola</b>		City & State		4. FEI Number <b>01-0656548</b>	
Zip <b>FL</b>		Country <b>34715</b>		Zip Country	
6. Name and Address of Current Registered Agent  <b>SARABIA, PEDRO 11001 BUCKHILL LANE CLERMONT, FL 34711</b>				7. Name and Address of New Registered Agent Name <b>KABA CONSULTING INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>205 W WASHINGTON ST.</b> Suite C City <b>Minneola</b>	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE:  <b>Alejandro KABA</b>				\$8.75 Additional Fee Required	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)				DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>SARABIA, VERONICA</b> <b>PO BOX 487</b> <b>MINNEOLA, FL 34755</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>SARASIA, PEDRO</b> <b>PO BOX 487</b> <b>MINNEOLA, FL 34755</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					