

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90374 022 ***158.75

DOCUMENT # P03000007867

1. Entity Name
V.S.G. STUCCO & LATH CORP.



40034455

Principal Place of Business
13750 SW 34 STREET
MIAMI, FL 33175

Mailing Address
13750 SW 34 STREET
MIAMI, FL 33175

2. Principal Place of Business - No P.O. Box #
2688 SW 137 AVE
Suite, Apt. #, etc.

3. Mailing Address
2205 SW 137 CT
Suite, Apt. #, etc.



03062007 Chg-P CR2E034 (12/06)

City & State
Miami FL

City & State
Miami FL

4. FEI Number
75-1545561
Applied For
Not Applicable

Zip
33175
Country
USA

Zip
33175
Country
USA

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

6. Name and Address of Current Registered Agent
SANCHEZ, JORGE
13750 SW 34 ST.
MIAMI, FL 33175

7. Name and Address of New Registered Agent
Name
RAUL WONG
Street Address (P.O. Box Number is Not Acceptable)
2205 SW 137 CT
City
Miami FL Zip Code
33175

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11			
TITLE	PSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIL, VIVIAN S			NAME			
STREET ADDRESS	1063 S.W. 141 PLACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33184			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	TREASURY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARREAL, JAVIER			NAME	BARREAL JAVIER		
STREET ADDRESS	13750 SW 34 STREET			STREET ADDRESS	13750 SW 34 ST # 570		
CITY-ST-ZIP	MIAMI, FL 33175			CITY-ST-ZIP	Miami, FL 33182		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Vivian S. Gil 3/12/07 305-916-2644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #