

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000017993 1. Entity Name STUCCO ITALIANO, INC.	
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Principal Place of Business 66 NE 106TH STREET MIAMI SHORES, FL 33138	Mailing Address 66 NE 106TH STREET MIAMI SHORES, FL 33138
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DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CRZE034 (11/05)

4. FEI Number **02-0718911** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**HEDDITCH, SONIA M
8867 CARLYLE AVE
SURFSIDE, FL 33154**

**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.

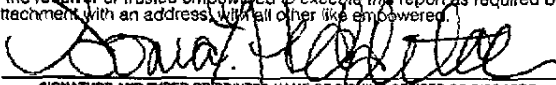
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLISTENA, GIOVANNI VIA MASOTTO 20 36070 CASTELGOMBERTO ITALY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DISCONZI, GRAZIANO VIA MASOTTO 20 36070 CASTELGOMBERTO ITALY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDDITCH, SONIA M 8867 CARLYLE AVE SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **4/6/06 305.861.0638**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #