2005 FOR PROFIT CORPORATION REINSTATEMENT

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

DOCUMENT# P03000056436

Entity Name: CELAYA STUCCO, INC.

Current Principal Place of Business:

FILED Jul 05, 2005 Secretary of State

6246 ASTORIA DRIVE TAMPA, FL 33619		1317 W. ROBSON STREET TAMPA, FL 33604		
Current Mailing Address:		New Mailing Address:		
6246 ASTORIA DRIVE TAMPA, FL 33619		1317 W. ROBSON STREET TAMPA, FL 33604		
FEI Number: 74-3091852	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
ROSAS JURADO, JUAN I 6246 ASTORIA DRIVE TAMPA, FL 33619 US				
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.				
SIGNATURE: JUAN N R	OSAS JURADO			
Electronic	c Signature of Registered Age	nt	Date	

OFFICERS AND DIRECTORS:

Election Campaign Financing Trust Fund Contribution ().

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

Title: () Delete Title: (X) Change () Addition RIVERA, NEFTALI RIVERA, NEFTALI Name: Name: 6246 ASTORIA DRIVE Address: 1317 W. ROBSON STREET Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33604 Title: () Delete Title: () Change () Addition ROSAS JURADO, JUAN N Name: Name: Address: 6246 ASTORIA DRIVE Address: TAMPA, FL 33619 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: ARROYO, ALBARO A Name: 1317 W. ROBSON STREET Address: Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEFTALI RIVERA MR 07/05/2005