2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 25, 2008 8:00 am Secretary of State

04-25-2008 90123 012 ***150.00

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1. Entity Name WEST COAST STUCCO PLASTERING INC Principal Place of Business Mailing Address 40081665 12448 MONTARA DRIVE 12448 MONTARA DRIVE LARGO, FL 33773 LARGO, FL 33773 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 12053 Lower Azusa Road Suite, Apt. #, etc. 04182008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For El Monte, California 65-0620675 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, JOSE A Street Address (P.O. Box Number is Not Acceptable) 12181 BAXLEY STREET SPRING HILL, FL 34609 City Zip Code FL 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete Change TITLE TITLE Director ☐ Addition Patricia Castro BERRIOS, JAMES NAME NAME 12053 Lower Azusa Road 12448 MONTARA DR STREET ADDRESS STREET ADDRESS El Monte, California 91732 LARGO, FL 33773 CITY-ST-ZIP CITY-ST-ZIP President, Secretary & Treasurer Change ☐ Delete TITLE TITLE Patricia Castro NAME Lower Azusa Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP El Monte California 91732 TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08

Daytime Phone #