2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 12, 2005 8:00 am Secretary of State **DOCUMENT # P03000100589** 09-12-2005 90002 046 ***150.00 AGUIRRE STUCCO, INC Principal Place of Business Mailing Address 50066355 6632 WILLOW ST. 6632 WILLOW ST. ZELLWOOD, FL 32798 ZELLWOOD, FL 32798 POBOX443 26 LLWOOD, FL 32798 09062005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 81-0633905 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AGUIRRE, FLORENTINO DO NOT WRITE 6632 WILLOW ST. ZELLWOOD, FL 32798 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. \Box corporation did not receive the prior notice. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS TITI F AGUIRRE, FLORENTINO NAME STREET ADDRESS 6632 WILLOW ST. CITY-ST-ZIP ZELLWOOD, FL 32798 TITLE NAME STREET ADDRESS CITY-ST-ZIP tme NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADORESS CITY-ST-ZIP TITLE NAME

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 attactinent with an address, with all other like empowered.

SIGNATURE: _

STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

ATTACHMENT



50066355

Letter Number: 005A00054121

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 26, 2005

EGLISE BAPTISTE PARLA FOI EN CHRIST, INC. 5689 STRAWBERRY LAKES CIRCLE LAKE WORTH, FL 33463

SUBJECT: EQLISE BAPTISTE PARLA FOI EN CHRIST, INC. Ref. Number: N03000000071

We have received your document for EGLISE BAPTISTE PARLA FOI EN CHRIST, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott Document Specialist