2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90275 043 ***150.00 **DOCUMENT # P03000107475** 1. Entity Name M.G. STUCCO & LATHE, INC. **60027358** Mailing Address Principal Place of Business 7600 SW 10 CT. #2 7600 SW 10 CT. #2 NORTH LAUDERDALE, FL 33068 NORTH LAUDERDALE, FL 33068 2. Principal Place of Business 3. Mailing Address 1041 SW 80 AUR # A 0415W Suite, Apt. #, etc. Suite, Apt. #, etc. 04072006 CR2E034 (11/05) Chg-P Applied For 4. FEI Number & State 43-2037521 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GUTIERREZ, MIGUEL A** Street Address (P.O. Box Nug 7600 SW 10 CT. #2 NORTH LAUDERDALE, FL 33068 Zip Code 3306 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent. SIGNATURE. agent and tile if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE **GUTIERREZ, MIGUEL A** NAME NAME 1041500 STREET ADDRESS 7600 SW 10 CT. #2 STREET ADDRESS CITY-ST-ZIP NORTH LAUDERDALE, FL 33068 CITY-ST-ZIP TITLE TITLE HERNANDEZ, GONZALO NAME NAME STREET ADDRESS 7600 SW 10 CT #2 STREET ADDRESS NORTH LAUDERDALE, FL 33068 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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.

SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #