2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005
Secretary of State

DOCUMENT# P03000115319

Entity Name: LUIS STUCCO, INC.

Current Principal Place of Business:

108 TWINTREES
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

55 NEBRASKA AVE N.E.
FORT WALTON BEACH, FL 32548

Current Mailing Address:

10 FLEET ST.
FORT WALTON BEACH, FL 32548

New Mailing Address:

55 NEBRASKA AVE N.E.
FORT WALTON BEACH, FL 32548

FEI Number: 20-0308905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALVIN, LUIS A
10 FLEET ST.
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

SALVIN, LUIS A
55 NEBRASKA AVE N.E.
FORT WALTON BEACH, FL 32548 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: _____ 03/28/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SALVIN, LUIS A
Address: 10 FLEET ST.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD (X) Delete
Name: LOZANO, EDGARD
Address: 105 HOWELL DR., N.W.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: SD (X) Delete
Name: SALVIN, JUAN F
Address: 724 GREENGOOD ST., APT A
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 Statutes. 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: LUIS SALVIN PD 03/28/2005
Electronic Signature of Signing Officer or Director — Date