## FOR PROFIT CORPORATION

FILED Apr 27, 2005 08:00 AM

UNIFC	KM ROSINE	SS REPORT	(nrk)	_	Secretary	of State	
DOCUMENT # - P03000127794  1. Entity Name					.2 222 2333 3		
HARMON STUCCO, ÌN							
DO N	OT WRITE	IN THIS S	PACE				
2. Principal Place of Business		3. Mailing Address		1			
5723 BROOKGREEN AVENUE Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number         Applied For           71-0947956         Not Applicable			
ORLANDO, FL Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Additional	
32839		kornecíttákál szás bádbakk esik	10-14-1-1 7. Na	me a	nd Address of Current Regis	Fee Required tered Agent	
i in in in interpretation	The same of the sa		Name				
DO NOT WRITE LEON HARMO Street Addre					ress (P.O. Box Number is Not Acceptable)		
	N THIS SP		I PHILIPPAN				
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Physical Company	The same and the same of the s		Plante State		<u>FL</u>	Zip Code	
8. The above named	entity submits this st	atement for the purpo accept the obligations	use of changing its reg as of registered agent.	istere	ed office or registered agent, or	both, in the	
SIGNATURE		accept the obligations	or regionated agents				
Signatu		f registered agent and title if	applicable. (NOTE: Regi	stered	Agent signature required when reinstatir	ng) DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00				9. Election Campaign Financing		\$5.00 May Be	
Amend	led UBR is \$61.25				Trust Fund Contribution.	Added to Fees	
Make Check Payable	to Florida Departn	nent of State I ND DIRECTORS	1 11.				
TITLE	OFFICERS A	ND DIRECTORS	TITLE	·· <u>·</u> ···			
NAME			NAME		U00000336790		
STREET ADDRESS	_	<del></del> .	STREET ADDRES	SS	04/27/05-80142-00	11 150 <b>0</b> 0	
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STREET ADDRESS			NAME STREET ADDRES	90			
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the	he information supplied	with this filing does not d	qualify for the exemption	state	d in Section 119.07(3)(i), Florida S	tatutes. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 1000 Harmon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #