2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2008 8:00 am Secretary of State

ANNOAL NEI ON I					Secretary or State				
DOCUMENT # P03000139771 1. Entity Name SAUZA STUCCO, INC.					i de la companya de	02-21-2008	-		
Deinainat Dinas	of Business	Mailing Address			⊺ 4սս∡շ	101			
Principal Place		Mailing Address			40050	,			
	NHALL DRIVE	4104 NEWTONHALL DRIVE		l .					
ORLANDO, FL	. 32826-4235	ORLANDO, FL 32826-4235							
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072008	Chg-P	CR2E034	(12/06)		
City & State	3	City & State			4. FEI Numbe			Ap	plied For
Only di State		Only & State			20-043			No	t Applicable
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Zip	Country	Ziρ	Country	у	Certificate	of Status Desired		e Required	
	6 None and Address of Company	Boxistored Agent			7 Name and	Address of New P			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
0.41174 10	205			Name					
SAUZA, JO			-	Street Address (P.O. Box Number is Not Acceptable)					
	TONHALL DRIVE	s %- *							
ORLANDO), FL 32826-4235								
				City			FL	Zip Code)
9 The above	named entity submits this statement for	or the ourgone of changing its	registered	d office or registe	ered agent, or bot	h in the State of Ek	orida 1 am far	niliar with	and accept
	ions of registered agent.	or the purpose of changing its	- Cgistored	omee or registe	sico agent, or con	, (10 0 0 0 0 7 10	Jirodi Tariridi	THICK THAT	and accept
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SIGNATURE_									
0.0	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered A	Agent signature require	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign F Trust Fund Contributi					5.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	IRECTORS	IN 11
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2. Thereby certify that the information applied with this limit does not quality but the exemptions contained in this report or supplymental 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 rederiver or those 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.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/07/08 (407-227-987