## 2004 FOR PROFIT CORPORATION

## Jul 08, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P03000152724** 07-08-2004 90188 038 \*\*\*150 00 QUILLI LATH & STUCCO, INC. Mailing Address Principal Place of Business 44047513 4623 WYDHAM LANE 4623 WYDHAM LANE ORLANDO, FL 32812 ORLANDO, FL 32812 3. Mailing Address 2. Principal Place of Business P.O. BOX 570736 Suite, Apt. #, etc. Suite, Apt. #, etc. 06032004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For ORTANDO 20-0499922 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALYARD MESA QUILLI, MANUEL F 4623 WYDHAM LANE ORLANDO, FL 32812 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 as vi au . Lus 22 -SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Delete TITLE ☐ Change ■ Addition TITLE QUILLI, MANUEL F NAME NAME **4623 WYDHAM** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32812 Delete TITLE TITLE Change ☐ Addition NAME HERNANDEZ, GENARO NAME 1841 CARALEE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822 CITY-ST-ZIP Defete VP TITLE ☐ Change ☐ Addition TITLE CHAPA, LUIS A NAME NAME STREET ADDRESS 4623 WYDHAM LANE STREET ADDRESS ORLANDO, FL 32812 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change . Addition Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 attachment with an address, with all other like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED