2005 FOR PROFIT CORPORATION

ANNUAL REPORT



DOCUMENT # P03000153656

CELIO SIBAYAN STUCCO, INC.

Principal Place of Business

151 MONACO RD. W. MELBOURNE, FL 32904

Mailing Address

151 MONACO RD. W. MELBOURNE, FL 32904

FILED Apr 25, 2005 8:00 am Secretary of State

04-25-2005 90250 020 ***150.00

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2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite Apt #, etc.			03082005=	Chg-P	CR2E03	34°(10/03)-	راجي المجامية
City & State			City & State			4. FEI Number Applied For 20-0499735 Not Applicable				
Zip		Country	Zip Coun		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
SIBAYAN, CELIO 151 MONACO RD. W. MELBOURNE, FL 32904					Name Street Address (P.O. Box Number is Not Acceptable)					
								FL	Zip Code	e
	named entit ions of regist	y submits this statement fo tered agent.	or the purpose of changin	ng its register	ed office or reg	gistered agent, or bo	th, in the State of Flo	orida. I am fa	imiliar with,	and accept
Olomatones	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registers	ed Agent signature re	quired when reinstating)		DATE		
	-									
		FEE'18 \$150.00 5 Fee will be \$550.		am <u>pa</u> ign Final Contribution.		\$5.00 May.Ba Added to Fees				
10.		OFFICERS AND	11.	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO				DIRECTORS	3 IN 11	
TITLE NAME	DPST SIBAYAN	Á L CELÍO	☐ Delete	TITL					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	151 MON	ACO RD. W. RNE, FL 32904		STR	EE1 ADDRESS (-S1-ZIP					
TITLE			☐ Delete	1111	£				☐ Change	Addition
NAME		•		NAM	AE					
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS /-ST-ZIP		٠.			
TITLE			☐ Delete	1111	I .				☐ Change	Addition
NAME ATOREX HOUSEAR				NAM	-					
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS 7-ST-ZIP		,			
TITLE NAME			☐ Delete	TITL	I				☐ Change	Addition
STREET ADDRESS					EET AODRESS					
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NAME			5350	NAM	1					
STREET ADDRESS					ECT ADDRESS					
CITY-ST-ZIP	I			CITY	r-ST-ZIP					

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.