

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000002858

Entity Name: AGUIRRE LATHE & STUCCO INC.

FILED
Feb 29, 2008
Secretary of State

Current Principal Place of Business:

24405 STRAWBERRY AVENUE
SORRENTO, FL 32776 US

New Principal Place of Business:

Current Mailing Address:

1476 HARVEY CIRCLE
SORRENTO, FL 32776 US

New Mailing Address:

24405 STRAWBERRY AVE
SORRENTO, FL 32776 US

FEI Number: 20-0529494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYORGA, AUGUST C
200 NORTH DENNING DRIVE
SUITE 5
WINTER PARK, FL 327893736 US

Name and Address of New Registered Agent:

RAMON, AGUIRRE
24405 STRAWBERRY AVE
SORRENTO, FL 32776 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: RAMON AGUIRRE

02/29/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AGUIRRE-ALVARADO, RAMON
Address: 1476 HARVEY CIRCLE
City-St-Zip: APOPKA, FL 327123138 US

Title: VP () Delete
Name: AGUIRRE-MONTES, JONATHAN
Address: 1476 HARVEY CIRCLE
City-St-Zip: APOPKA, FL 327123138 US

Title: VP () Delete
Name: AGUIRRE, JUAN
Address: PO BOX 643
City-St-Zip: ZELLWOOD, FL 32798 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AGUIRRE-ALVARADO, RAMON
Address: 22405 STRAWBERRY AVE
City-St-Zip: SORRENTO, FL 32776 US

Title: VP (X) Change () Addition
Name: AGUIRRE-MONTES, JONATHAN
Address: 24405 STRAWBERRY AVE
City-St-Zip: SORRENTO, FL 32776 US

Title: S (X) Change () Addition
Name: CLAUDIA, AGUIRRE
Address: 24405 STRAWBERRY AVE
City-St-Zip: SORRENTO, FL 32776 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RAMON AGUIRRE

P

02/29/2008

Electronic Signature of Signing Officer or Director

Date