

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000007016

Entity Name: LOS PLEBES STUCCO , INC

FILED
Oct 26, 2005
Secretary of State

Current Principal Place of Business:

525 CONURE ST.
APOPKA, FL 32712

New Principal Place of Business:

4618 CHANDLER RD
APOPKA, FL 32712

Current Mailing Address:

525 CONURE ST.
APOPKA, FL 32712

New Mailing Address:

4618 CHANDLER RD
APOPKA, FL 32712

FEI Number: 20-0596405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AGUIRRE, LETICIA
525 CONURE ST.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

AGUIRRE, LETICIA
4618 CHANDLER RD
APOPKA, FL 32712 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: LETICIA AGUIRRE

10/26/2005

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, LETICIA
Address: 525 CONURE ST.
City-St-Zip: APOPKA, FL 32712

Title: S () Delete
Name: AGUIRRE, LETICIA
Address: 525 CONURE ST.
City-St-Zip: APOPKA, FL 32712

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AGUIRRE, LETICIA
Address: 4618 CHANDLER RD
City-St-Zip: APOPKA, FL 32712

Title: S (X) Change () Addition
Name: AGUIRRE, LETICIA
Address: 4618 CHANDLER RD
City-St-Zip: APOPKA, FL 32712

Title: VP () Change (X) Addition
Name: SIMON, AGUIRRE
Address: 4618 CHANDLER RD
City-St-Zip: APOPKA, FL 32712 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LETICIA AGUIRRE

P

10/26/2005

Electronic Signature of Signing Officer or Director

Date