

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007016

FILED  
Mar 26, 2007  
Secretary of State

Entity Name: LOS PLEBES STUCCO , INC

**Current Principal Place of Business:**

4618 CHANDLER RD  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

4618 CHANDLER RD  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 20-0596405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AGUIRRE, LETICIA  
4618 CHANDLER RD  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

Title: VPT ( ) Delete  
Name: SIMON, AGUIRRE  
Address: 4618 CHANDLER RD  
City-St-Zip: APOPKA, FL 32712 US

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

Title: D ( ) Change (X) Addition  
Name: JOSE LUIS, AGUIRRE  
Address: 745 WILDVIEW DR  
City-St-Zip: APOPKA, FL 32712

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

P

03/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date