2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P04000007016

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: LETICIA AGUIRRE VP 04/30/2008

Electronic Signature of Signing Officer or Director — Date