## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000041490

Entity Name: 3 STARZ STUCCO INC

FILED Aug 03, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12193 BITTERCREEK LANE 11135 PEERLESS LANE JACKSONVILLE, FL 32225 US JACKSONVILLE, FL 32246 US **Current Mailing Address: New Mailing Address:** 12193 BITTERCREEK LANE 11135 PEERLESS LANE JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32246 US FEI Number: 20-0830533 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GAYDARZHI, IVAN M 12193 BITTERCREEK LANE US JACKSONVILLE, FL 32225 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 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition GAYDARZHI, IVAN M PD GAYDARZHI, IVAN M PD Name: Name: 12193 BITTERCREEK LANE 11135 PEERLESS LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 US City-St-Zip: JACKSONVILLE, FL 32246 US VD Title: (X) Change ( ) Addition Title: () Delete Name: HALAT, IVAN VD Name: ALERKSANDR, SCHUR VD 933 SYDNEY RD 11135 PEERLESS LANE Address: Address: ST. AUGUSTINE, FL 32084 US JACKSONVILLE, FL 32246 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: SD () Change () Addition PAVLIUK, VASYL M SD Name: Name: 290 WISPERING WOODS LANE APT#13 Address: Address: City-St-Zip: ST.AUGUSTINE, FL 32084 US City-St-Zip: Title: (X) Delete Title: () Change () Addition GOLOVATIUK, MYKHAILO Name: Name: Address: 1100 WHISPERING CIR. APT310 Address: City-St-Zip: ST.AUGUSTINE, FL 32084 US 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: IVAN M. GAYDARZHI PD 08/03/2009