

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

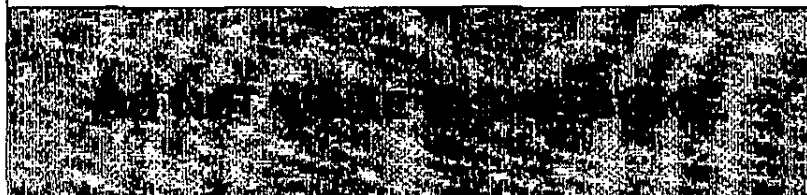
DOCUMENT # P04000055692	
1. Entity Name MAX PLASTERING & STUCCO INC	

Principal Place of Business 1529 AMERICANA BLVD APT 13-A ORLANDO, FL 32839	Mailing Address 1529 AMERICANA BLVD APT 13-A ORLANDO, FL 32839
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04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1649316	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.75 Additional Fee Required	



6. Name and Address of Current Registered Agent RONCO, MAXIMO 1716 AMERICANA BLVD 50 C ORLANDO, FL 32839
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Sign in ink, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent Signature Required when representing)

DATE

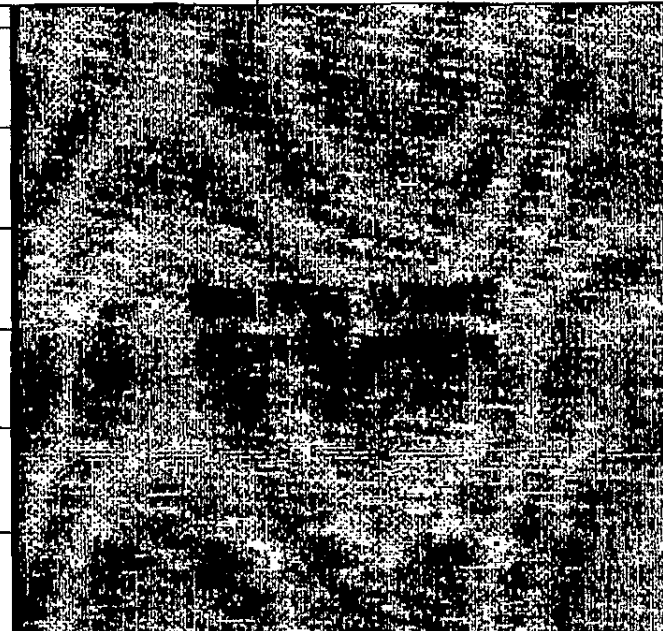
5-2-06

FILE NOW!!! FEE IS \$160.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 may be**
Added to Fees

UN00000562208
05/19/06-80047-002 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS RONCO, MAXIMO 1529 AMERICANA BLVD APT 13-A ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RONCO, RAUL 1529 AMERICANA BLVD APT 13-A ORLANDO, FL 32839
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-06

Date

Daytime Phone #