


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 21, 2007 8:00 am**  
**Secretary of State**

06-13-2007 90003 032 \*\*\*150.00  
 06-21-2007 90022 031 \*\*\*400.00

**DOCUMENT # P04000075807**

1. Entity Name  
**AAA STUCCO INC.**



Principal Place of Business  
**6913 SALINAS DR  
 ORLANDO, FL 32822**

Mailing Address  
**6913 SALINAS DR  
 ORLANDO, FL 32822**

40121267



2. Principal Place of Business - No P.O. Box #  
**6913 SALINAS DR**

3. Mailing Address  
**6913 SALINAS DR**

Suite, Apt. #, etc.

06052007 Chg-P CR2E034 (12/06)

City & State  
**Orlando FL**

City & State  
**Orlando FL**

Zip  
**32822**

Country  
**ORANGE**

Zip  
**32822**

Country  
**ORANGE**

4. FEI Number  
**22-1128917**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, BERNADE  
 1408 42 ST  
 ORLANDO, FL 32839**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: *Bernade Rodriguez* **President** **6/5/07**

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00  
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, BERNADE	
STREET ADDRESS	1408 42ND STREET	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, REUBEN	
STREET ADDRESS	ASHLEY POINTE APT 4068	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Bernade Rodriguez* **President** **6/5/07** **321-438-4323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #