## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P04000109381

Entity Name: PEGAS STUCCO INC

FILED Nov 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

737 HICKORY MANOR DRIVE 4105 SHOAL CREEK LANE EAST JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225

Current Mailing Address: New Mailing Address:

737 HICKORY MANOR DRIVE 4105 SHOAL CREEK LANE EAST JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225

FEI Number: 20-1402901 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PROSTREDNY, IVAN
3354 FISHPONDS COURT
JACKSONVILLE, FL 32226 US

PROSTREDNY, IVAN
4105 SHOAL CREEK LANE EAST
JACKSONVILLE, FL 32225 US

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: IVAN PROSTREDNY 11/15/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition Name: PROSTREDNY, IVAN Name: PROSTREDNY, IVAN

 Name:
 PROSTREDNY, IVAN
 Name:
 PROSTREDNY, IVAN

 Address:
 3354 FISHPONDS CT
 Address:
 4105 SHOAL CREEK LANE EAST

 City-St-Zip:
 JACKSONVILLE, FL 32226
 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: VSD ( ) Delete Title: DIR (X) Change ( ) Addition Name: SEMRO, PATRIK Name: GARCIA, EDUARDO

 Address:
 3354 FISHPONDS CT
 Address:
 4105 SHOAL CREEK LANE EAST

 City-St-Zip:
 JACKSONVILLE, FL 32226
 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: V ( ) Delete Title: V (X) Change ( ) Addition

 Name:
 GARCIA, JOSE LUIS
 Name:
 GARCIA, JOSE LUIS

 Address:
 737 HICKORY MANOR DRIVE
 Address:
 4105 SHOAL CREEK LANE EAST

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 JACKSONVILLE, FL 32225

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 PROSTREDNY PRES 11/15/2007