

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158926

Entity Name: SALAZAR STUCCO INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

638 O LEARY CT APOPKA,
APOPKA, FL 32712

New Principal Place of Business:

638 O LEARY CT
APOPKA, FL 32712

Current Mailing Address:

638 O LEARY CT APOPKA,
APOPKA, FL 32712

New Mailing Address:

638 O LEARY CT
APOPKA, FL 32712

FEI Number: 20-1922531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANCO PROFESSIONAL SERVICES INC
385 E MAIN STREET
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

SALAZAR, BAUDELIO
638 O LEARY CT
APOPKA, FL 32712 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: BAUDELIO SALAZAR

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SALAZAR, BAUDELIO
Address: 638 O LEARY CT APOPKA,
City-St-Zip: APOPKA, FL 32712

Title: VP () Delete
Name: SALAZAR, AURORA
Address: 638 O LEARY CT APOPKA,
City-St-Zip: APOPKA, FL 32712

Title: DIR () Delete
Name: SALAZAR, ISMAEL
Address: 638 O LEARY CT APOPKA,
City-St-Zip: APOPKA, FL 32712

Title: DIR (X) Delete
Name: CRISPIN, JOSE
Address: 638 O LEARY CT APOPKA,
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SALAZAR, BAUDELIO
Address: 638 O LEARY CT
City-St-Zip: APOPKA, FL 32712

Title: VP (X) Change () Addition
Name: SALAZAR, AURORA
Address: 638 O LEARY CT
City-St-Zip: APOPKA, FL 32712

Title: DIR (X) Change () Addition
Name: SALAZAR, ISMAEL
Address: 638 O LEARY CT
City-St-Zip: APOPKA, FL 32712

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BAUDELIO SALAZAR

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

Date