2008 FOR PROFIT CORPORATION

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FILED ANNUAL REPORT Mar 05, 2008 08:00 Al **Secretary of State** DOCUMENT # P04000170135 ARTÍSTIC STUCCO & PLASTERING, INC. Principal Place of Business Mailing Address 231 ORGAN WAY P.O. BOX 67 LEHIGH ACRS, FL 33936 LEHIGH ACRES, FL 33970 No Chg-P CR2E034 (11/05) 02282008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3802039 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TORREZ, RAUL JR DO NOT WRITE 231 OREGON WAY LEHIGH ACRES, FL 33936 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME TORREZ, RAUL JR. STREET ADDRESS 231 OREGON WAY LEHIGH ACRES, FL 33936 CITY-ST-ZIP TITLE TORREZ, RAUL JR. NAME STREET ADDRESS 231 OREGON WAY CITY-ST-ZIP LEHIGH ACRES, FL 33936 TITLE TORREZ, RAUL JR. NAME STREET ADDRESS 231 OREGON WAY DO NOT WRITE CITY-ST-ZIP LEHIGH ACRES, FL 33936 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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.

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Torrez Jr 3-04-08 239-56