## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000032102

Entity Name: SARABIA'S STUCCO INC

FILED Feb 17, 2006 Secretary of State

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

13255 CASA VERDE CIR ASTATULA, FL 34705 US

Current Mailing Address: New Mailing Address:

13255 CASA VERDE CIR ASTATULA, FL 34705 US

FEI Number: 20-2427747 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:

KABA CONSULTING INC
205 W WASHINGTON ST
SUITE C
MINNEOLA, FL 34715 US

KABA CONSULTING INC
214 WEWASHINGTON ST
SUITE A
MINNEOLA, FL 34715 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: ALEJANDRO KABA 02/17/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SARABIA, JOSE A
 Name:

 Address:
 13255 CASA VERDE CIR
 Address:

 City-St-Zip:
 ASTATULA, FL 34705 US
 City-St-Zip:

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

 Name:
 CRUZ, MARIO
 Name:
 RODRIGUEZ, ADAN

 Address:
 5020 GREEN WAY RD
 Address:
 1027 JEROME WAY

 City-St-Zip:
 KISSIMMEE, FL 34746 US
 City-St-Zip:
 APOPKA, FL 32703 US

Title: DIR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 OLGIN, RAUL
 Name:

 Address:
 5020 GREEN WAY RD
 Address:

 City-St-Zip:
 KISSIMMEE, FL 34746 US
 City-St-Zip:

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

Name: SALDANA, SAMUEL Name: SANCHEZ, MAURO

Address: 5020 GREEN WAY RD Address: 13245 MASSACHUSETTS AVE
City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: ASTATULA, FL 34705 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE A SARABIA P 02/17/2006