2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032102

SANCHEZ, MAURO

13245 MASSACHUSETTS AVE

ASTATULA, FL 34705 US

Name:

Address:

City-St-Zip:

Entity Name: SARABIA'S STUCCO INC

FILED Mar 09, 2007 Secretary of State

Littly Nai	IIIE. SARADI	43310CCO INC				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	SA VERDE CI A, FL 34705	R US		SA VERDE CIR A, FL 34705	US	
Current Mailing Address:			New Maili	New Mailing Address:		
13255 CASA VERDE CIR ASTATULA, FL 34705 US				13413 CASA VERDE CIR ASTATULA, FL 34705 US		
FEI Number:	: 20-2427747	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
214 WEW. SUITE A	NSULTING IN ASHINGTON A, FL 34715	ST				
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered of	fice or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().				
OFFICER	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SARABIA, JOS 13255 CASA \ ASTATULA, FI	/ERDE CIR . 34705 US) Delete ADAN E WAY	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SARABIA, JOSE 13413 CASA VE ASTATULA, FL	RDE CIR 34705 US Change () Addition ST	
Title: Name: Address: City-St-Zip:	•) Delete WAY RD	Title: Name: Address: City-St-Zip:		Change () Addition	
Title:	D () Delete	Title:	()	Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE A SARABIA P 03/09/2007