2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000032939

Entity Name: SAMAOS STUCCO OF CENTRAL FLORIDA INC

FILED Jan 06, 2007 Secretary of State

Littly Nam	ie. SAMAOS	31000	OOFCENTRALFLOR	RIDA INC					
Current Principal Place of Business:				N	New Principal Place of Business:				
180 KARLI (APT 8 DE FUNIAK									
Current Mailing Address:					New Mailing Address:				
180 KARLI (APT 8 DE FUNIAK									
FEI Number: 8	83-0420982	FEI Nur	nber Applied For ()	FEI Numbe	er Not Appli	cable ()	Certifica	te of Status I	Desired()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
	ETICIA S WY 17 NORTI PRINGS, FL		US						
The above r		submits t	his statement for the p	urpose of c	changing its	s registered	office or re	egistered a	gent, or both,
SIGNATUR	E: LETICIA E	BROWN							
	Electron	nic Signat	ure of Registered Age	nt				Date	_
			S., the corporation did not nd Contribution ().	t receive the	prior notice).			
OFFICERS AND DIRECTORS:				A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () FIGUEROA, SA 180 KARLI CT A DE FUNIAK, FL	APT 8		N: Ac	itle: lame: ddress: ity-St-Zip:	P FIGUEROA, PO BOX 60 DE FUNIAK,	7	() Addition	
Title: Name: Address: City-St-Zip:	VP () HERNANDEZ, I 180 KARLI CT / DE FUNIAK, FL	APT 8		Ni Ad	itle: lame: ddress: ity-St-Zip:		()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.

SIGNATURE: SALVADOR FIGUEROA P 01/06/2007