


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90192 031 ***158.75

DOCUMENT # P05000096267		
1. Entity Name G & C STUCCO, CORP. } <i>DELETED</i> <i>Expocoli, Corp.</i>		

Principal Place of Business 7040 W 15 CT HIALEAH, FL 33014	US } <i>DELETED</i>	Mailing Address 7040 W 15 CT HIALEAH, FL 33014	US } <i>DELETED</i>
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04252006 Chg-P CR2E034 (11/05)

2. Principal Place of Business <i>606 W 81 ST</i>		3. Mailing Address <i>P.O. Box 161029</i>	
Suite, Apt. #, etc. <i>202</i>		Suite, Apt. #, etc.	
City & State <i>HIALEAH FL</i>		City & State <i>HIALEAH, FL</i>	
Zip <i>33014</i>	Country <i>U.S.A.</i>	Zip <i>33016</i>	Country <i>U.S.A.</i>

4. FEI Number <i>20-3116142</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLINA, FRANK 7040 W 15 CT HIALEAH, FL 33014 } <i>CHANGE</i>		7. Name and Address of New Registered Agent Name <i>COLINA, FRANK</i> Street Address (P.O. Box Number is Not Acceptable) <i>P.O. Box 161029</i> City <i>HIALEAH</i> FL Zip Code <i>33016</i>	
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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: _____ DATE: *4/25/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COLINA, FRANK 7040 W 15 CT HIALEAH, FL 33014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COLINA, FRANK 606 W 81 ST + 202 HIALEAH FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 ~~the~~ empowered.

SIGNATURE: *[Signature]* DATE: *4/25/06* 305-360-6872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #