

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000114815

FILED  
Apr 23, 2006  
Secretary of State

Entity Name: ADOLFO SANCHEZ'S STUCCO AND DESIGNS CORP

**Current Principal Place of Business:**

14605 NORTH 14TH STREET  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 741  
RUSKIN, FL 33575

**New Mailing Address:**

FEI Number: 20-3318033      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SANCHEZ, RUBEN JR  
14605 NORTH 14TH STREET  
DADE CITY, FL 33523 US

**Name and Address of New Registered Agent:**

SANCHEZ, ADOLFO  
14605 NORTH 14TH STREET  
DADE CITY, FL 33523 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: ADOLFO SANCHEZ      04/23/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SANCHEZ, RUBEN JR  
Address: 14605 NORTH 14TH STREET  
City-St-Zip: DADE CITY, FL 33523

Title: D ( ) Delete  
Name: LUCIO, JOSE A  
Address: 14605 NORTH STREET  
City-St-Zip: DADE CITY, FL 33523

Title: P ( ) Delete  
Name: SANCHEZ, ADOLFO  
Address: 14605 NORTH 14TH STREET  
City-St-Zip: DADE CITY, FL 33523

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SANDOVAL, DAVID  
Address: 5902 BISHOP RD  
City-St-Zip: WIMAUMA, FL 33598

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: SANCHEZ, ROSANA M  
Address: 2815 UNIVERSAL DR  
City-St-Zip: RUSKIN, FL 33570 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: ADOLFO SANCHEZ      D      04/23/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date