## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000114815

Title:

Name:

Address:

City-St-Zip:

Entity Name: ADOLFO SANCHEZ'S STUCCO AND DESIGNS CORP

FILED Apr 23, 2006 Secretary of State

- International Appellaction of the Appellaction Control of the Co							
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:			
	RTH 14TH STR 1, FL 33523	EET					
Current Mailing Address:			New Mailing Address:				
P.O. BOX 7 RUSKIN, F							
FEI Number:	20-3318033	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desire	d (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:				
SANCHEZ, RUBEN JR 14605 NORTH 14TH STREET DADE CITY, FL 33523 US			14605 NOF	SANCHEZ, ADOLFO 14605 NORTH 14TH STREET DADE CITY, FL 33523 US			
The above in the State	named entity so of Florida.	ubmits this statement for the pu	urpose of changing it	ts registered o	office or registered agent,	or both,	
SIGNATUR	E: ADOLFO S	SANCHEZ		04/23/2006			
Electronic Signature of Registered Ager			nt	Date			
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () I SANCHEZ, RUBE 14605 NORTH 14 DADE CITY, FL	1TH STREET	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	D () [ LUCIO, JOSE A 14605 NORTH S' DADE CITY, FL		Title: Name: Address: City-St-Zip:	D (X SANDOVAL, D 5902 BISHOP WIMAUMA, FL	RD		
Title: Name: Address: City-St-Zip:	P () [ SANCHEZ, ADOI 14605 NORTH 14 DADE CITY, FL	1TH STREET	Title: Name: Address: City-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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ADOLFO SANCHEZ D 04/23/2006

( ) Delete

( ) Change (X) Addition

SANCHEZ, ROSANA M

2815 UNIVERSAL DR

RUSKIN, FL 33570 US