2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State
01-31-2008 90031 016 ***158.75

DOCUMENT # **P06000060689**

1. Entity Name
ROSA CAMPOS STUCCO & PLASTERING INC.

Principal Place of Business	Mailing Address
3775 NW CRESTWOOD STREET ARCADIA FL 34266	3775 NW CRESTWOOD STREET ARCADIA FL 34266

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3775 NW Crestwood St.	3775 NW Crestwood St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Arcadia Fl.	City & State: Arcadia Fl.
Zip: 34266 Country: Desoto	Zip: 34266 Country: Desoto

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BECERRA SALDANA, ROSE MARIE
3775 NW CRESTWOOD STREET
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	☐ Delete
NAME	BECERRA, ROSE MARIE	
STREET ADDRESS	3775 NW CRESTWOOD STREET	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	VSD	☐ Delete
NAME	CAMPOS, ISIDRO	
STREET ADDRESS	3775 NW CRESTWOOD STREET	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: Rose marie Becerra 1/28/08 (863) 990-5920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #