

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

10 OCT 25 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PG6000096646			
1. Entity Name V&B STUCCO INC.			
Principal Place of Business 503 NICOLE BLVD. OCOEE, FL 34761		Mailing Address 503 NICOLE BLVD. OCOEE, FL 34761	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05052010    Chg-P    CR2E034 (11/08)

4. FEI Number <b>20-5261150</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  VAZQUEZ, AARON 503 NICOLE BLVD. OCOEE, FL 34761	<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_

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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 24, 2010</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, AARON	NAME	700180474837
STREET ADDRESS	503 NICOLE BLVD.	STREET ADDRESS	05/06/10--01017--019    **150.00
CITY-ST-ZIP	OCOEE, FL 34761	CITY-ST-ZIP	10/25/10--01064--006    **400.00
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBOSA, LEON J	NAME	700180474837
STREET ADDRESS	1117 HIGH MEADOW RD.	STREET ADDRESS	10/25/10--01064--006    **400.00
CITY-ST-ZIP	APOPKA, FL 32703	CITY-ST-ZIP	10/25/10--01064--006    **400.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 like empowered.

SIGNATURE: *Aaron Vazquez*    9-18-10    407-877-3105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #

10/26/10