## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P96000004217 01-31-2005 90074 035 \*\*\*150.00 1. Entity Name ALL STAR STUCCO, INC. 17 39 40 5 Principal Place of Business Mailing Address 17601:SW 70 PL 3 15 0 854 17601 SW 70 PL FORT LAUDERDALE, FL 33331 FORT LAUDERDALE, FL. 33331. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0633826 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TEJEDA, MARGARITA Street Address (P.O. Box Number is Not Acceptable) 17601 SW 70 PL FORT LAUDERDALE, FL 33331 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. HERIOERTO TRIPLA JE Change 17601 SW 70PL PTD TITLE Delete Addition TITLE TEJEDA, HERIBERTO NAME NAME STREET ADDRESS 17601 SW 70 PL STREET ADORESS CITY-ST-ZIP FORT LAUDERDALE, FL 33331 CITY-ST-ZIP M. LANDERDHUS, R VSD TILE ☐ Delete TITLE ☐ Change ☐ Addition TEJEDA, MARGARITA NAME NAME STREET ADORESS 17601 SW 70 PL STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33331 CITY-ST-ZIP VΠ TITLE □ Delete TITLE ☐ Addition ☐ Chance NAME GOMEZ, RODOLFO T NAME STREET ADDRESS 14401 S.W. 23RD STREET STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33330** CITY-ST-ZIP Delete IM F TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NALAF STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attactiment with an address, wijh all other like empowered. SIGNATURE: PENTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Jan 31,  $\overline{2005}$  8:00 am