

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # S73156 1. Entity Name TUSCO CORP.	
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Principal Place of Business % MERMELSTEIN HIDALGO LLP 3211 PONCE DE LEON BLVD. #305 CORAL GABLES, FL 33134 US	Mailing Address % MERMELSTEIN HIDALGO LLP 3211 PONCE DE LEON BLVD. #305 CORAL GABLES, FL 33134 US
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02132006 No Chg-P CRZE034 (11/05)

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4. FEI Number 65-0294068	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HIDALGO, JOSE A % MERMELSTEIN HIDALGO LLP 3211 PONCE DE LEON BLVD. #305 CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

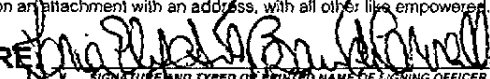
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NETO, ANNIBAL R 10140 W BAY HARBOR DR #304 BAY HARBOR ISLAND, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE CARVALHO, MARIA EB 10140 W BAY HARBOR DR #304 BAY HARBOR ISLAND, FL 33140
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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  **DE CARVALHO** **2/13/06** **305-444-2140**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #