


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90141 015 \*\*\*150.00

**DOCUMENT # P00000106300**  
1. Entity Name  
CADIZ DRYWALL FINISH, INC



Principal Place of Business 9591 FONTAINE BLEAU BLVD 502 MIAMI, FL 33172	Mailing Address 9591 FONTAINE BLEAU BLVD 502 MIAMI, FL 33172
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**DO NOT WRITE IN THIS SPACE**



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0105355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CADIZ, FERNANDO A  
9591 FONTAINE BLEAU BLVD  
502  
MIAMI, FL 33172

**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: *Fernando Cadiz* DATE: 03-03-05

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	PD CADIZ, FERNANDO A 951 FOUTAINE BLVD 502 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CADIZ, NELSON F 9591 FONTAINE BLEAU BLVD 502 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CADIZ, ANDRES A 9591 FONTAINE BLEAU BLVD 502 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 attachment with an address, with all other like empowered.

SIGNATURE: *Fernando Cadiz* DATE: 03-03-05 DAYTIME PHONE #: 305-227-1404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR