
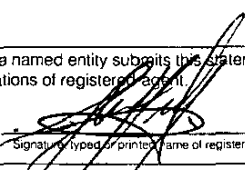
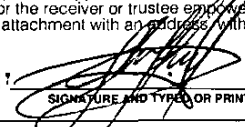


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90002 047 \*\*\*150.00

<b>DOCUMENT # P02000128525</b> 1. Entity Name <b>J.H.M. DRYWALL, INC.</b>					
Principal Place of Business <b>16113 SW 101ST TERR. MIAMI, FL 33196</b>			Mailing Address <b>16113 SW 101ST TERR. MIAMI, FL 33196</b>		
2. Principal Place of Business <b>913 NE 35 AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 960956</b> Suite, Apt. #, etc.			
City & State <b>Homestead, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>14-1859803</b>	
Zip <b>33033</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GUEVARA, JHONY H 16113 SW 101ST TERR. MIAMI, FL 33196</b>			7. Name and Address of New Registered Agent Name <b>Jhony Guevara</b> Street Address (P.O. Box Number is Not Acceptable) <b>913 NE 35 AVE</b> City <b>Homestead</b> <b>FL</b> Zip Code <b>33033</b>		
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)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GUEVARA, JHONY H 16113 SW 101ST TERR. MIAMI, FL 33196 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Guevara, Jhony 913 NE 35 AVE MIAMI, FL 33033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUEVARA, JUAN R 16113 SW 101ST TERR. MIAMI, FL 33196 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Guevara, Juan R 913 NE 35 AVE MIAMI, FL 33033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUEVARA, JOSE M. 16113 SW 101ST TERR. MIAMI, FL 33196 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Guevara, Jose M. 913 NE 35 AVE MIAMI, FL 33033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		