

FILED
Apr 10, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000021270			
1. Entity Name L V DRYWALL FINISHING, INC.			
Principal Place of Business 14057 SW 160 TERRACE MIAMI, FL 33177	Mailing Address 14057 SW 160 TERRACE MIAMI, FL 33177		
DO NOT WRITE IN THIS SPACE			
		03312006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 11-3678287	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VARGAS, LEONARDO 14057 SW 160 TERRACE MIAMI, FL 33177		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE _____	
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		DO NOT WRITE IN THIS SPACE 1100000498899 04/24/06-80009-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VARGAS, LEONARDO 14057 SW 160 TERRACE MIAMI, FL 33177		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VARGAS, GEORGE 14057 SW 160 TERRACE MIAMI, FL 33177		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMILO, HECTOR 14057 SW 160 TERRACE MIAMI, FL 33177		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/1/06 (302) 302 8747 Date Daytime Phone #	