

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 14, 2005  
Secretary of State**

DOCUMENT# P03000125881

Entity Name: MIRANDA DRYWALL INC.

**Current Principal Place of Business:**

4816 CHARLESTON AVE.  
PLANT CITY, FL 33567

**New Principal Place of Business:**

**Current Mailing Address:**

4816 CHARLESTON AVE.  
PLANT CITY, FL 33567

**New Mailing Address:**

FEI Number: 16-1687943      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIRANDA, HILARIO  
4816 CHARLESTON AVE.  
PLANT CITY, FL 33567      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MIRANDA, HILARIO  
Address: 4816 CHARLESTON AVE.  
City-St-Zip: PLANT CITY, FL 33567

Title: SD ( ) Delete  
Name: MIRANDA, MARIA L  
Address: 4816 CHARLESTON AVE.  
City-St-Zip: PLANT CITY, FL 33567

Title: VD ( ) Delete  
Name: VARGAS, HILARIO M  
Address: 4816 CHARLESTON AVE.  
City-St-Zip: PLANT CITY, FL 33567

Title: TD ( ) Delete  
Name: MIRANDA, FRANCISCO  
Address: 4816 CHARLESTON AVE.  
City-St-Zip: PLANT CITY, FL 33567

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HILARIO MIRANDA

PD

07/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date