


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000125881

1. Entity Name
MIRANDA DRYWALL INC.



Principal Place of Business
**4816 CHARLESTON AVE.
PLANT CITY, FL 33567**

Mailing Address
**4816 CHARLESTON AVE.
PLANT CITY, FL 33567**

DO NOT WRITE IN THIS SPACE



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1687943	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U00000722754
05/02/07-80045-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRANDA, HILARIO 4816 CHARLESTON AVE. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIRANDA, MARIA L 4816 CHARLESTON AVE. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARGAS, HILARIO M 4816 CHARLESTON AVE. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIRANDA, FRANCISCO 4816 CHARLESTON AVE. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Hilario M. Vargas* **4-16-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #