

POB 000144973

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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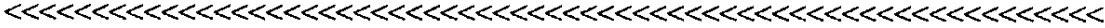
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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CRUZ ZAMORA DRYWALL, INC.  
8806 NORTH 15<sup>TH</sup> STREET  
TAMPA, FLORIDA 33604



January 8, 2007

Amended Section  
DIVISION OF CORPORATIONS  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: CRUZ ZAMORA DRYWALL, INC.

Dear Sir/Madame:

Enclosed please find the Statement of change of Registered Officer or Registered Agent or Both for Corporations and money order in the amount of \$52.50 to cover the following costs:

1. Filing Fee of \$35.00.
2. Certified Copy in the amount of \$8.75.
3. Certificate of Status in the amount of \$8.75.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,  
*Providente Zamora-Duran*  
CRUZ ZAMORA DRYWALL, INC.  
8806 North 15<sup>th</sup> Street  
Tampa, Florida 33604

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CRUZ ZAMORA DRYWALL, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000144973

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

PROVDIENTE ZAMORA-DURAN  
(Name of Contact Person)

CRUZ ZAMORA DRYWALL, INC.  
(Firm/Company)

8806 North 15th Street  
(Address)

Tampa, Florida 33604  
(City/State and Zip Code)

For further information concerning this matter, please call:

Providente Zamora-Duran at ( 813 ) 363-8854  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CRUZ ZAMORA DRYWALL, INC.
2. The principal office address: 8806 North 15th Street, Tampa, Florida 33604
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 12/05/2003 Document number: P03000144973

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ALEJANDRO C. ZAMORA

8806 North 15th Street

Tampa, Florida 33604

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PROVDIENTE ZAMORA-DURAN

8806 North 15th Street

(P.O. Box NOT acceptable)

Tampa, Florida 33604

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Provdiente Zamora Duran  
(Signature of an officer or director)

PROVDIENTE ZAMORA-DURAN  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Provdiente Zamora Duran  
(Signature of Registered Agent)

9-19-06  
(Date)

If signing on behalf of an entity:

PROVDIENTE ZAMORA-DURAN  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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