


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90011 043 ***150.00

DOCUMENT # P04000017366

1. Entity Name
CHICA DRYWALL, INC.



Principal Place of Business Mailing Address
~~2214 GRAND CAYMAN CT., APT. 1533~~ ~~2214 GRAND CAYMAN CT., APT. 1533~~
 KISSIMMEE, FL 34741 KISSIMMEE, FL 34741


2. Principal Place of Business 3. Mailing Address
190 Toluca Dr. *190 Toluca Dr.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Kissimmee *Kissimmee*
 Zip Country Zip Country
34743 *Oceola* *34743* *Oceola*

6. Name and Address of Current Registered Agent

CHICA, JOSE B
~~2214 GRAND CAYMAN CT., APT. 1533~~
~~KISSIMMEE, FL 34741~~

4200000



02272006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 77-0618865 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
190 Toluca Dr.
 City State Zip Code
Kissimmee **FL** *34743*

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHICAS, JOSE B 2214 GRAND CAYMAN APT 1533 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <i>190 Toluca Dr</i> <i>Kissimmee FL 34743</i> <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
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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: *JOSE B. CHICAS* *22706*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #