


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 03, 2008 8:00 am**  
**Secretary of State**

07-03-2008 90014 026 \*\*\*158.75

|  |  |   |   |
|--|--|---|---|
| DOCUMENT # P06000118434  |  |                                    |   |
| 1. Entity Name<br>ALANIS DRYWALL INC   |  |   |   |
| Principal Place of Business<br>8414 N LOIS AVE<br>A<br>TAMPA, FL 33614   |  | Mailing Address<br>8414 N LOIS AVE<br>A<br>TAMPA, FL 33614  |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |
| City & State   |  | City & State  |   |
| Zip  | Country  | Zip   | Country   |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent   |   |
| VELANDIA, CARLOS E<br>8405 N HIMES AVE<br>209B<br>TAMPA, FL 33614  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code                            |   |
| 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 _____   |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |
|  |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                        |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br>DELGADO, EVERARDO A<br>8414 N. LOIS AVE APTO A<br>TAMPA, FL 33614 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P<br>Averardo A Delgado<br>2803 W. Slight Ave. Apt 701<br>Tampa, Fl. 33614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VP<br>Felipe Gomez<br>2803 W. Slight Ave. Apt 701<br>Tampa, Fl. 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | T<br>Miguel Lopez Ruiz<br>1206 142 nd AptB<br>Tampa, Fl. 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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: <i>X Everardo A Delgado</i>   |  | Date: 6/30/08 813-391-9915  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date Daytime Phone #  |   |



06272008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5540602 Applied For Not Applicable

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