


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P96000103983**

1. Entity Name  
**H&L DRYWALL, INC.**



Principal Place of Business      Mailing Address  
**691 INDIAN AVE.**                      **691 INDIAN AVE.**  
**FT. LAUDERDALE, FL 33312**        **FT. LAUDERDALE, FL 33312**

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



01312007      Chg-P      CR2E034 (12/06)

4. FEI Number                      Applied For  
**65-0715212**                      Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
<b>VARGAS, HERIBERTO</b> <b>691 INDIAN AVE.</b> <b>FT. LAUDERDALE, FL 33312</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	
	<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: *Heriberto Vargas*      (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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGAS, HERIBERTO	NAME	
STREET ADDRESS	691 INDIAN AVE.	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	CITY-ST-ZIP	U00000627309 02/15/07-80055-005 150.00
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGAS, FRANCISCO J	NAME	
STREET ADDRESS	691 INDIANA AVE.	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Heriberto Vargas*      Date      Davome Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR