

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000004600 1. Entity Name PORTILLO DRYWALL INSTALLATION, CORP.	
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Principal Place of Business 1054 NW 31 AVE MIAMI, FL 33125	Mailing Address 1054 NW 31 AVE MIAMI, FL 33125
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0380771	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PORTILLO, RAFAEL 1054 NW 31 AVE MIAMI, FL 33125
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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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD PORTILLO, RAFAEL 1054 NW 31 AVE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD PORTILLO, DONALDO 2431 NW 34 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TD GUADAMUZ, RICARDO 1054 NW 31 AVE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD GALLARDO, ROBERTO C 1870 N.W. 21 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

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IN THIS SPACE

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01/15/04-80029-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-04
Date Daytime Phone #