


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 01, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90198 026 \*\*\*150.00

DOCUMENT # P06000041542 1. Entity Name SERRANO DRYWALL SPECIALIST, INC.	
-------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1113 GENEVA DRIVE OVIEDO, FL 32765	Mailing Address 1113 GENEVA DRIVE OVIEDO, FL 32765
----------------------------------------------------------------------	----------------------------------------------------------

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-----------------------------------------------------------------------	-------------------------------------------

City & State	City & State	Zip	Country
--------------	--------------	-----	---------

05272007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-4525625**

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

6. Name and Address of Current Registered Agent SERRANO JUAREZ, LUIS 1113 GENEVA DRIVE OVIEDO, FL 32765	
------------------------------------------------------------------------------------------------------------------	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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: Luis Serrano President 4/22/07

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERRANO JUAREZ, LUIS 1113 GENEVA DRIVE OVIEDO, FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENDOZA PAREDES, JUVENAL 1113 GENEVA DRIVE OVIEDO, FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VEGA RAMIREZ, CESAR 1113 GENEVA DRIVE OVIEDO, FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: Luis Serrano President 4/22/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #