2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M60453

1. Entity Name
MIGUEL PEREZ DRYWALL FINISH CORPORATION

Principal Place of Business	Mailing Address
3101 SW 132 PLACE MIAMI, FL 33175 US	3101 SW 132 PLACE MIAMI, FL 33175 US

DO NOT WRITE IN THIS SPACE

08282004   No Chg-P   CR2E034 (10/03)

4. FEI Number
65-0006501

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, MIGUEL
3101 SW 132 PLACE
MIAMI, FL 33175

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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 _____

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

U00000171351
09/01/04-00003-003 550.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	PEREZ, MIGUEL
STREET ADDRESS	3101 SW 132 PLACE
CITY-ST-ZIP	MIAMI, FL
TITLE	ST
NAME	PEREZ, NUBIA
STREET ADDRESS	3101 SW 132 PLACE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   8/22/04   305-389-6722

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