

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000097502

1. Entity Name
AMERICAN DRYWALL SYSTEMS, INC.



Principal Place of Business
2103 CORAL WAY
SUITE #302
MIAMI, FL 33145

Mailing Address
2103 CORAL WAY
SUITE #302
MIAMI, FL 33145

FILED
May 09, 2005 08:00 AM
Secretary of State



05052005 No Chg-P CP2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1048222

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, GUSTAVO
2103 CORAL WAY SUITE 302
MIAMI, FL 33145

**DO NOT WRITE
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
Due by September 7, 2005**

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 PD
NAME MATA LLANA, FRANCISCO J
STREET ADDRESS 10700 SW 116 AVE
CITY-ST-ZIP MIAMI, FL 33176

TITLE SD
NAME LOPEZ, GUSTAVO
STREET ADDRESS 10700 SW 116 AVE
CITY-ST-ZIP MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/09/05-20014-008 158.75

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: Gustavo Lopez GUSTAVO LOPEZ 4/28/05 305 285 5188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #