


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000111461 1. Entity Name MIAMI DRYWALL & STUCCO, INC.	
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Principal Place of Business 8360 WEST FLAGLER ST 110 MIAMI, FL 33144	Mailing Address 8360 WEST FLAGLER ST 110 MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1082350	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PHILLIPS, RICHARD 7824 SW 102ND LANE MIAMI, FL 33156
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**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 resigning) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PHILLIPS, RICHARD 7824 S.W. 102ND LANE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SOTOLONGO, JORGE 6467 S.W. 12TH STREET MIAMI, FL 33144
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/04/05-80111-016 158.75

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: _____ Date **4/28/05** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR