


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 20, 2006 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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03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1082350	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PHILLIPS, RICHARD 7824 SW 102ND LANE MIAMI, FL 33156

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	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	

<p>11. 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.</p> <p>DO NOT WRITE IN THIS SPACE</p>
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1100000474772
04/04/06-80037-020 150.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

Date

Daytime Phone #