



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90017 049 \*\*\*158.75

<b>DOCUMENT # P00000111461</b> 1. Entity Name <b>MIAMI DRYWALL &amp; STUCCO, INC.</b>			
Principal Place of Business <b>8360 WEST FLAGLER ST</b> <b>110 201</b> <b>MIAMI, FL 33144</b>		Mailing Address <b>8360 WEST FLAGLER ST</b> <b>110 201</b> <b>MIAMI, FL 33144</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>601 Brickell Key Drive</b> Suite, Apt. #, etc. <b>Suite #507</b> City & State <b>Miami, Florida</b> Zip      Country <b>33131      USA</b>	
			
		04012008      Chg-P      CR2E034 (12/06)	
		4. FEI Number <b>65-1082350</b>	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PHILLIPS, RICHARD</b> <b>7824 SW 102ND LANE</b> <b>MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent Name <b>IAG Corporate Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>601 Brickell Key Drive</b> <b>Suite #507</b> City      State      Zip Code <b>Miami      FL      33131</b>	
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 <u><i>Richard Phillips</i></u> <b>Richard Phillips</b> <u>4-11-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SOTOLONGO, JORGE 6467 S.W. 12TH STREET MIAMI, FL 33144	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <u><i>Richard Phillips</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-11-08</u> <u>(305) 371-9213</u> <small>Date Daytime Phone #</small>	

Richard Phillips, President