

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000096824

1. Entity Name

NORTH FLORIDA DRYWALL, INC.



Principal Place of Business

5551 NW 76TH
POMPANO BEACH FL 33073

Mailing Address

5551 NW 76TH
POMPANO BEACH FL 33073



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

65-1143466

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOFIL, JOSEPH K P.A.
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PTD ESPANA, ALBA	☐ Delete
STREET ADDRESS	6291 SW 18TH PLACE	
CITY-STATE-ZIP	POMPANO BEACH FL 33068	
TITLE NAME	VSD BRIONES, ALVARO	☐ Delete
STREET ADDRESS	6291 SW 18TH PLACE	
CITY-STATE-ZIP	POMPANO BEACH FL 33068	
TITLE NAME	S ESPANA, HERNAN G	☐ Delete
STREET ADDRESS	6291 SW 18TH PLACE	
CITY-STATE-ZIP	POMPANO BEACH FL 33068	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	U00000831020	
CITY-STATE-ZIP	02/27/08-80002-005 150.00	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-08

Date

Daytime Phone #