2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State
03-08-2004 90044 028 ***150.00

DOCUMENT # P01000111313

1. Entity Name
ALVAREZ DRYWALL INC.

Principal Place of Business	Mailing Address
949 SAN REMO AVE NAPLES, FL 34104	949 SAN REMO AVE NAPLES, FL 34104

02242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3310 SW 26th AVE	3310 SW 26th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL, FL	City & State: CAPE CORAL, FL
Zip: 33914 Country: USA	Zip: 33914 Country: USA

4. FEI Number: 03-0383563 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MACIEL, LUZ M
25641 SPRINGTIDE CT
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name: JORGE REYES
Street Address (P.O. Box Number is Not Acceptable): 4912 VINCENNES CT #201
City: CAPE CORAL FL Zip Code: 33904

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] 03-01-04
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, 2004 Fee will be $550.00

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 STREET ADDRESS CITY ST ZIP	D ALVAREZ, J ANTONIO 949 SAN REMO AVE NAPLES, FL 34104 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D ALVAREZ J. ANTONIO 3310 SW 26th AVE CAPE CORAL, FL. 33914 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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: Antonio Alvarez President 07/01/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #