



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90095 022 \*\*\*150.00

|   |  |                     |   |   |  |
|---|--|---------------------|---|---|--|
| <b>DOCUMENT # P02000006200</b><br>1. Entity Name<br><b>MARTIN DRYWALL FINISH CORP.</b>  |  |                     |   |  |  |
| Principal Place of Business<br><b>7040 WEST 3RD AVE.<br/>HIALEAH, FL 33014</b>  |  |                     | Mailing Address<br><b>7040 WEST 3RD AVE.<br/>HIALEAH, FL 33014</b>  |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |   |   |  |
| City & State  |  | City & State        |   |   |  |
| Zip   | Country  | Zip                 | Country   |   |  |
| 6. Name and Address of Current Registered Agent   |  |                     |   | 7. Name and Address of New Registered Agent                                       |  |
| VARGAS, PRIMITIVO M<br>7040 WEST 3RD AVE.<br>HIALEAH, FL 33014  |  |                     |   | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |                     |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 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   | PD VARGAS, PRIMITIVO M <input type="checkbox"/> Delete |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | VARGAS, PRIMITIVO M                                    |                     | NAME  |   |  |
| STREET ADDRESS  | 7040 WEST 3RD AVE.                                     |                     | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   | HIALEAH, FL 33014                                      |                     | CITY - ST - ZIP   |   |  |
| TITLE   | SD <input checked="" type="checkbox"/> Delete          |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | BETANCES, CARLOS M                                     |                     | NAME  |   |  |
| STREET ADDRESS  | 7040 WEST 3RD AVE.                                     |                     | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   | HIALEAH, FL 33014                                      |                     | CITY - ST - ZIP   |   |  |
| TITLE   | VD <input type="checkbox"/> Delete                     |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | VARGAS, LUIS A   |                     | NAME  |   |  |
| STREET ADDRESS  | 7040 W 3RD AVE   |                     | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   | HIALEAH, FL 33014                                      |                     | CITY - ST - ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete                        |                     | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| NAME  |  |                     | NAME  | TD FELIX A VARGAS   |  |
| STREET ADDRESS  |  |                     | STREET ADDRESS  | 7040 W 3RD AVE  |  |
| CITY - ST - ZIP   |  |                     | CITY - ST - ZIP   | HIALEAH, FL 33014   |  |
| TITLE   | <input type="checkbox"/> Delete                        |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |  |                     | NAME  |   |  |
| STREET ADDRESS  |  |                     | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   |  |                     | CITY - ST - ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete                        |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |  |                     | NAME  |   |  |
| STREET ADDRESS  |  |                     | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   |  |                     | CITY - ST - ZIP   |   |  |
| 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:   |  |                     | Date: 4-8-06 Daytime Phone #: 305.962.5255  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |                     |   |   |  |