


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91230 031 \*\*\*150.00

**DOCUMENT # P02000006471**

1. Entity Name  
**CERUTTI DRYWALL, INC.**



Principal Place of Business 5828 W 25 CT 102 HIALEAH, FL 33016	Mailing Address 5828 W 25 CT 102 HIALEAH, FL 33016
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2. Principal Place of Business 7165 NW 186th ST Suite, Apt. #, etc. A-111	3. Mailing Address 7165 NW 186th St Suite, Apt. #, etc. A-111
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04302004 Chg-P CR2E034 (10/03)

City & State MIAMI, FL 33015	City & State MIAMI, FL
Zip 33015	Country USA

4. FEI Number 02-0538224	Applied For Not Applicable
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6. Name and Address of Current Registered Agent

CERU, JOSELIER H  
 5825 W 25 CT  
 102  
 HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name  
**CERUTTI, JOSELIER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7165 NW 186th St #A-0111**  
 City  
**MIAMI, FL** Zip Code  
**33015**

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: Pdt/Agent DATE: 04/20/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CERUTTI, JOSELIER 6725 W. 16TH AVE HIALEAH, FL 33012 <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	D CERUTTI, JOSELIER 6725 W. 16TH AVE HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: [Signature] DATE: 04-20-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #