


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90002 004 \*\*\*150.00

**DOCUMENT # P02000022342**

1. Entity Name  
**F AND M DRYWALL, INC.**



Principal Place of Business      Mailing Address

4275 N.W. 18TH ST.  
 APT. 301  
 MIAMI, FL 33126

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 APT. 301  
 MIAMI, FL 33126

**DO NOT WRITE IN THIS SPACE**



03262003    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>03-0396932</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MELENCIANO, MANUEL E**  
 4275 N.W. 18TH ST.  
 APT. 301  
 MIAMI, FL 33126

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution...  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MELENCIANO, MANUEL E
STREET ADDRESS	4275 N.W. 18TH ST. #301
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VD
NAME	PEREZ DE LEON, FATIMA D
STREET ADDRESS	4275 N.W. 18TH ST. #301
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Fatima Perez      6-1-04      \_\_\_\_\_

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