

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90068 046 ***150.00

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03032007 Chg-P CR2E034 (12/06)

DOCUMENT # P02000041851					
1. Entity Name CASA DRYWALL, INC					
Principal Place of Business 6503 WINFIELD BLVD. #211A MARGATE, FL 33063			Mailing Address 6503 WINFIELD BLVD. #211A MARGATE, FL 33063		
2. Principal Place of Business - No P.O. Box # 7560 Springfield Lake Dr		3. Mailing Address 7560 Springfield Lake Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lake Worth FL		City & State Lake Worth, FL		4. FEI Number 01-0667394	
Zip 33467		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZELAYA, ZULMA 6503 WINFIELD BLVD. #211A MARGATE, FL 33063			7. Name and Address of New Registered Agent Name Zulma Roxana Zelaya Street Address (P.O. Box Number is Not Acceptable) 7560 Springfield Lake Dr City Lake Worth FL Zip Code 33467		
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 DATE 3/3/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP ZELAYA, HECTOR N 6503 WINFIELD BLVD. 211A MARGATE, FL 33063 <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	P ZELAYA, ZULMA R 6503 WINFIELD BLVD. 211A MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: 3/3/07		Davina Phone #: 761-965-8515	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Davina Phone #</small>	