

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90227 047 \*\*\*150.00

DOCUMENT # P02000056369

1. Entity Name  
B & B DRYWALL CORP.



Principal Place of Business  
14655 NW 89 AVE  
MIAMI, FL 33018

Mailing Address  
14655 NW 89 AVE  
MIAMI, FL 33018

2. Principal Place of Business  
579 EAST 55 ST

3. Mailing Address  
579 EAST 55 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
HIALEAH FL

City & State  
HIALEAH, FL

Zip 33013 Country USA

Zip 33013 Country USA

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number  
27-0022723

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BARRIOS, EDDY  
14655 NW 89 AVE  
MIAMI, FL 33018

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re...

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 Ma  
Added to Fe

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME P BARRIOS, EDDY  
STREET ADDRESS 14655 NW 89 AVE  
CITY-ST-ZIP MIAMI, FL 33018 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONAL OFFICERS AND DIRECTORS IN 11

TITLE  
NAME TREASURER  
STREET ADDRESS EPIFANIO BARRIOS  
CITY-ST-ZIP 579 EAST 55 ST  
HIALEAH, FL 33013 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04 786 897-1292