## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2006 8:00 am Secretary of State

DOCUMENT # P02000056443  1. Entity Name CHAVEZ DRYWALL, INC.				04-07-2006	90034 002 ***1	50.00
Principal Place of Business	Mailing Address			<i>-</i>		
11280 NW 6 ST MIAMI, FL 33172	11280 NW 6 ST MIAMI, FL 33172			. •		
					[]]]	
2. Principal Place of Business  14310 5 \omega /66 5 1  Suite, Apt. #, etc.  Suite, Apt. #, etc.						
Suite, Apt. #, etc. Suite, Apt. #, etc.			02032006	Chg-P	CR2E034 (11/05	i)
City & State	City & State		4. FEI Numb 04-367		<del></del>	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 A	
6. Name and Address of Current Re	egistered Agent	l	7. Name and	Address of New F	Fee Requi	rea
	- Signal And	Name	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, Addies of New 1	negistores rigerit	
CHAVEZ, LAZARO 8100 SW 19 ST MIAMI, FL 33155			Street Address (P.O. Box Number is Not Acceptable)			
			14310 5 W 166 ST			
			FI Zip Code			
8. The above named entity submits this statement for the	he purpose of changing its	registered office or r	registered agent, or bo	th. in the State of FI	lorida. Lam familiar wit	h. and accept
the obligations of registered agent.	, , , , , , , , , , , , , , , , , ,					m, and accept
SIGNATURE	t utle il applicable. (NOTi	E: Registered Agent signature	re required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees			
10. OFFICERS AND DI	RECTORS	11.	ADDITIONS	CHANGES TO OFF	FICERS AND DIRECTO	RS IN 11
TITLE PD	☐ Delete	TITLE			☐ Change	Addition
NAME CHAVEZ, LAZARO STREET ADDRESS 14310 SW 166 ST		NAME				L. J. Addition
CITY-ST-ZIP MIAMI, FL. 33177		OTOSST LONGSON				E LADORION
13.11 11.11 7 4 4 4 4 1 1 1		STREET ADDRESS CITY-ST-ZIP				; [_] Abbittoti
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NAME CHAVEZ, MICHEL STREET ADDRESS 14310 SW 166 ST CITY-ST-ZIP MIAMI, FL 33177		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				e 🔲 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 suppliemental 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 frustee 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 adotter tike empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #