

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90024 017 \*\*\*150.00

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04112008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P02000069821</b> 1. Entity Name <b>ADVANTAGE METAL &amp; DRYWALL FINISHING, INC.</b>			
Principal Place of Business <b>6590 WEST 24 CT BLDG 24 UNIT 104 HIALEAH, FL 33016</b>		Mailing Address <b>6590 WEST 24 CT BLDG 24 UNIT 104 HIALEAH, FL 33016</b>	
2. Principal Place of Business - No P.O. Box # <b>2445 West 80 St</b>		3. Mailing Address <b>2445 West 80 St</b>	
Suite, Apt. #, etc. <b>Unit 7</b>		Suite, Apt. #, etc. <b>Unit 7</b>	
City & State <b>Hialeah, FL</b>		City & State <b>Hialeah, FL</b>	
Zip <b>33016</b>		Zip <b>33016</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>02-0629794</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required --</b>	
6. Name and Address of Current Registered Agent  <b>DOMINGUEZ, EDEL 6590 WEST 24 CT HIALEAH, FL 33016</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2445 West 80 St Unit 7</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33016</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOMINGUEZ, EDEL 6590 WEST 24TH CT APT #104 HIALEAH, FL 33016	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, CARMEN R 6590 WEST 24 CT HIALEAH, FL 33016	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERNANDEZ, ORLANDO 6590 WEST 24 CT HIALEAH, FL 33016	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Carmen Ross Rodriguez</u>		Date: <u>4/11/08</u>	Daytime Phone #: <u>305-206-1999</u>