

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

#1740
#1783-200.00

DOCUMENT # P02000079648

1. Entity Name

J. RAMIREZ DRYWALL, INC.



FILED

05 DEC 19 AM 11:04

Principal Place of Business

7800 NW 46 COURT
LAUDERHILL FL 33351

Mailing Address

7800 NW 46 COURT
LAUDERHILL FL 33351

2. Principal Place of Business

7800 N.W 46 CT

Suite, Apt. #, etc.

Home

3. Mailing Address

7800 N.W 46 CT

Suite, Apt. #, etc.

Home

City & State

Lauderhill FL

City & State

Lauderhill Florida

Zip

33351

Country

Broward

Zip

33351

Country

Broward

6. Name and Address of Current Registered Agent

RAMIREZ, JOSE R
7800 NW 46 COURT
LAUDERHILL FL 33351

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12-11-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME RAMIREZ, JOSE R
STREET ADDRESS 4600 NW 46 COURT
CITY-ST-ZIP LAUDERHILL FL 33351
10-11-05

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10/18/05--01018--008 **\$50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10/18/05--01018--008 **\$50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12/15/05--01050--005 **\$208.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-11-05

954-325-0848