## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2005 8:00 am Secretary of State

DOCUMENT # P02000107015  1. Entity Name GONZALEZ DRYWALL, INC.					04-19-200	)5 90379 0;	24 ***150	).00
Principal Plac 4144 FAUH WEST PALM	/ _	Mailing Address 4144 FARH ST WEST PALM BEACH, F	L 33406 N	0				
2. Principal P	lace of Business	3. Mailing Address Y	stwood	C7 5				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04112005 Chg-P CR2E034 (10/03)			
City & State	е	City & State Palm	Beach i		FEI Number 22-3881204	•		plied For t Applicable
Zip	Country	Zip/ 3340 6	Country	5. (	Certificate of Status Desire		\$8.75 Addi Fee Required	
	6Name and Address of Curren							
GONZALEZ, JOSE ANGEL 6432 SW 18 CT POMPANO BEACH, FL 33068				Name Street Address (P.O. Box Number is Not Acceptable)				
						FL	Zip Code	)
	named entity submits this statement ions of registered agent.	for the purpose of changing its	s registered office o	registered ag	gent, or both, in the State o	f Florida. I am t	familiar with,	and accept
SIGNATURE	Jose Angel Signature, typed or printed name of registered age	Gonzalez MC	TE: Registered Agent signal	re required when re	oinstation)	DATE		<del></del>
	algitatore, typed or printed frame of registered ager	- : (NO	TEL TRESIDE DE PARTE OFFICE	an indexes an elim				
. FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Con	aign Financing atribution. 1	\$5.00 N Added to	May Be Fees			
10.	OFFICERS AN		11.	-	DITIONS/CHANGES TO			
TITLE NAME STREET ADDRESS	P GONZALEZ, JOSE ANGEL 4144 FAITH ST	Delete	TITLE NAME Street address	60 nz	LE TOSC A.	ngel.	□ Change # <i>S</i> / <b>3</b>	Addition
CITY-ST-ZIP	WEST PALM BEACH, FL 3340	6	CITY-ST-ZIP	<i>a.</i>	a Calin 13	3	FL 3.	3406
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NAME	s .	•	NAME	_		•	• • •	
STREET ADDRESS CITY-ST-ZIP		ं कर ले क्रा	STREET ADDRESS) CITY-ST-ZIP		°-of t			
	L certify that the information supplied w	th this filing does not qualify to		ted in Section	119 07(3)(i) Florida Statut	es. I further cer	tify that the in	nformation
indicated	i on this report or supplemental report reporation or the receiver or trustee em	is true and accurate and that	my signature shall h	ave the same	legal effect as it made und	der oath; that I a	am an officer	ar director

SIGNATURE AND CYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR